

EXHIBIT A

RONALD E. SNYDER, M.D.

Physiatry Life Care Planning Associates, LLC
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Maitland, FL 32751
407-598-5055 407-598-5036 fax

Palm Beach Sports Medicine
4440 Beacon Circle
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PHYSICAL MEDICINE AND REHABILITATION RESIDENCY

Residency Program: St. Francis Hospital, Pittsburgh, PA. Including 7/84-6/87 Children's Hospital of Pittsburgh, Mercy Hospital, D.T. Watson Rehabilitation Hospital, and Rehabilitation Institute of Pittsburgh.

PEDIATRIC RESIDENCY

Residency Program: Bridgeport Hospital, Bridgeport, CT., in affiliation 1972 – 1975 with Yale University School of Medicine. Chief Resident, 1975.

EDUCATION

B.A., Goshen College, Goshen, Indiana, 1968.
M.D., Indiana University School of Medicine, 1972.

CERTIFICATION/ACADEMIC MEMBERSHIP

- Diplomate of the American Board of Pediatrics, September 27, 1981.
- Fellow of the American Academy of Pediatrics, October 21, 1982. (closed)
- Fellow of the American Academy for Cerebral Palsy and Developmental Medicine, December 1985. (closed)
- Diplomate of the American Board of Physical Medicine and Rehabilitation, 1987.
- President, Maine Society of Physical Medicine and Rehabilitation, Nov 1, 1999-Oct 30, 2001
- Diplomate of the American Academy of Pain Management, 1991.
- American Academy of Medical Acupuncture, 1999.
- American Institute of Balance Education Foundation: Tampa: March 27-28, 2008: VNG Interpretation and Report Writing
- American Institute of Balance Education Foundation: Tampa: November 7-9: Vestibular Assessment
- Institute of Rehabilitation Education and Training:

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- Life Care Planning: Professional Orientation: 12-29-2018
- Life Care Planning: Medical and Psychosocial Aspects of Spinal Cord: 12-29-2018
- Life Care Planning: Medical and Psychosocial Aspects of Brain Injury: 12-30-2018
- Life Care Planning: Medical and Psychosocial Aspects for Amputations: 12-30-2018
- Life Care Planning: Medical and Psychosocial Aspects for Multiple Disabilities: 12-31-2018
- Life Care Planning: Forensic Aspects: 06-22-23-2019

LICENSE

Florida April 24, 2004 #ME90201

Maine: January 1993, #013510 (closed)

Indiana: March 1973, #24346 (closed)

Connecticut: March 1974, #16528 (closed)

Pennsylvania: 1984, #MD 031363-E (closed)

Rhode Island: 1985, #7015 (closed)

Puerto Rico: 2020, #21721

PRESENTATIONS

- Caffeine Consumption in the Chronic Pain Patient, Annual Meeting of Pennsylvania Academy of Physical Medicine and Rehabilitation, 1986.
- "Traumatic Brain Injury - Rehabilitation," Rhode Island University, School of Physical Therapy, 1989, 1990, and 1991.
- "Rehabilitation and Musculoskeletal Injuries," Regional Vocational Rehabilitation Training Seminar (Rhode Island, Massachusetts, and Connecticut), 1989, 1990, 1991.
- "Chronic Pain," Cranston Hospital Residency Program, 1988, 1989, 1990, 1991.
- "Gait Patterns," Cranston Hospital Residency Program, 1988, 1989, 1990, 1991.
- "Etiology of Back Pain," Cranston Hospital Residency Program, 1989, 1990.
- "Rehabilitation of Back," Rehabilitation Seminar to Rehabilitation Professionals - Invitational, 1989.
- "Rehabilitation of the Back - Beyond Shake and Bake," The Aetna Insurance Company, In-Service for Claims Adjusters
- "Reflex Sympathetic Dystrophy," New Medico, Forest Manor, Therapists In-Service Program, 1990.
- "Acute Care of Musculoskeletal Injuries," State of Rhode Island Regional Association of Emergency Room Medicine, 1990.
- "Rehabilitation Medicine and Workmen's Compensation," The Travelers Insurance, In-Service for Claim Adjusters and Rehabilitation Nurses, Swansea, Mass Offices, 1991.
- "Traumatic Brain Injury - Acute Care and Rehabilitation," Diseases of Summer - South County Hospital, 1991.
- "Acute Rehabilitation and Industry," Rhode Island Association of Certified Occupational Nurses, 1991.
- Androscoggin Neuroscience Lecture Program, 1993.
- "Chronic Pain Concepts," Kennebec Valley Medical Center, 1993

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- "Chronic Pain and Caffeine Abuse," Horizons 55, 1993
- "Braces, Canes and Therapy," M. S. Society, 1993
- "Chronic Pain," Stephens Memorial Hospital Medical Staff Grand Rounds, 1993.
- "Cerebral Palsy and Parenting," Northern Cumberland General Hospital, 1994.
- "ADL Tools: Braces, Crutches & Other Unmentionables," Maine Arthritis Association, 1994.
- "Chronic Pain Programming: The Psychiatrist Vantage Point, Bio-behavioral Institute, Boston, 1994.
- "Chronic Pain Programming: Accreditation Programming, Bio-behavioral Institute, Boston, 1994.
- "Chronic Pain Programming/Myofascial Pain Comp Camp, Maine Worker's Compensation/Managed Care Autumn Meeting, 1994.
- "Concepts in Chronic Pain," Maine Bar Association, May of 1995.
- "Reflex Sympathetic Dystrophy, Maine Worker's Compensation/Managed Care, 1995.
- "Assistive Technology Training Program, Maine Medical Association, 1995.
- "Chronic Pain Control," Horizons/55, 1996.
- "Proving Permanent Impairment and Establishing Disability," Rhode Island Bar Association, September 5, 1996.
- "Complex Regional Pain Syndrome and Reflex Sympathetic Dystrophy," Maine Arthritis Association and Maine RSDS Patient Advocates, October 26, 1996.
- "Chronic Pain Syndromes: Myofascial Pain," Maine Safety Counsel, February 5 & 6, 1996
- "Chronic Pain Syndromes: Myofascial Pain," Scarborough Physical Therapy, March 10, 1997.
- "Therapeutic Treatment Modalities," Civic Center, Augusta, Maine, August 22, 1997.
- "Complex Regional Pain Syndrome (Reflex Sympathetic Dystrophy): Understanding the Symptoms and Treatment Options", Civic Center, Augusta, Maine, August 22, 1997.
- Pain in the Face of Brain Injury, Northeast Brain Injury Symposium, Maine Brain Injury Association, Portland, ME, March 4, 1999.
- Getting a Life Back, Chronic Pain Management, Northeast Pain Symposium, Nashua, NH, April 8, 1999.
- Chronic Pain Management, Grand Rounds, Maine General Medical Center, August 24, 1999.
- Alternative Medicine, The Science Behind the Ancient Healing Arts, The State of Maine Rehabilitation Nursing Association, Augusta, ME, August 20, 1999.
- Integrating Acupuncture into a Pain Practice, Mercy Hospital Pain Department, Portland, ME, October 20, 1999.
- Chronic Pain Management, Purdue Fredericks, Lewiston, ME, October 28, 1999, November 10, 1999, February 17, 2000.
- Chronic Pain Management, Grand Rounds, Waterville Hospital, September 16, 1999.
- Access to Assistive Technology: Evaluation of Persons with Disability, Assistive Technology, Access Partnership and Brown University Medical School, Providence, RI, September 30, 1999.
- Use of Opioids and Alternative Medicine with Reflex Sympathetic Dystrophy, State of Maine Reflex Dystrophy Support Group, National Meeting, RSD Hope, South Portland, October 2, 1999.

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- Parenthood, A task for Life: Children and the Brain Injured Parent, Maine Brain Injury Associates Annual Meeting, Portland, ME November 4, 1999.
- Is There a Better Bullet, A Look into Alternative Medicine, Chronic Pain Management, Taking Pain Management into the Next Millennium, St. Mary's Center for Pain Management, Lewiston, ME, November 30, 1999.
- Chronic Pain Management, Martin's Point Medical Center Grand Rounds, Portland, ME, December 1, 1999.
- Using Medical Research to Prove Your Clients Non-Objective, State of Maine Trial Lawyer Association, Augusta, ME, February 10, 2000.
- Chronic Pain Management, Central Maine Pharmacy Association, Bath, ME, February 10, 2000.
- Ancient and Modern Discoveries and Brain Injury, Keynote Speech, Northeast Brain Injury Symposium, Maine Brain Injury Association, Portland, ME, March 24, 2000.
- Chronic Pain Syndromes, Medical Research and Nonobjective Findings, Maine Trial Lawyers Association, February 10, 2000.
- Chronic Pain Management, Physicians of the Camden Downeast Physician Area, February 17, 2000.
- Chronic Pain Management, Opioids and Prescription Writing 101, Brunswick Shoreline Psychiatric Association, Brunswick, Maine, March 6, 2001.
- Chronic Pain Management, Appropriate Use of Opioids, Senator Inn, Augusta, Maine, March 16, 2000.
- Chronic Pain Management in the Face of Osteoporosis, Osteoporosis Support Group Central Maine Medical Center, Lewiston, Maine, April 12, 2000.
- Insomnia and Chronic Pain, Greene, Maine, Surrounding Area Physician Conference, Greene, Maine, May 2, 2001.
- Chronic Pain Management, The Use of Opioids in Nonmalignant Pain, Rumford Maine Area Physicians, May 10, 2000.
- AA Medical Odyssey, Use of Opioids in the Rehabilitation Process, Insurance and Rehabilitation Study Group, Spring Conference, Portland, Maine, May 22, 2001. *
- Pain and Addiction, Parallel Epidemics in America, The Use of Opioids in a Regulated Environment, Mixed Physicians and Professionals, Portland, Maine, May 30, 2001.
- Pain and Addiction, Parallel Epidemics in America, The Use of Opioids in a Regulated Environment, Ramada Inn, Lewiston, Maine, June 6, 2001.
- Ancient and Modern Discoveries for the Treatment of Chronic Pain in the Elderly, Elder Care, CHIP Bar Harbor, Maine, June 8, 2000,
- Pain and Addiction, Parallel Epidemics in America, The Use of Opioids in a Regulated Environment, Embassy Suites, Portland, Maine, for Pharmacists, Portland, Maine, June 14, 2001.
- Pain and Addiction, Parallel Epidemics in America, The Use of Opioids in a Regulated Environment, local pharmacists, Greene, Maine, June 19, 2001.
- Pain and Addiction, Parallel Epidemics in America, The Use of Opioids in a Regulated Environment, Southern Maine Osteopathic Study Group, Portland, Maine, June 28, 2001.
- Insomnia in Chronic Pain, Evaluation and Treatment, Area Physicians, Naples, Maine, August 10, 2000.

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- Is there a Better Bullet, A Look into Alternative Medicine for Chronic Pain Management, Comp Summit 2000 Sugarloaf USA as put on by Law Publishers, Sugarloaf, Maine, September 19, 2000.
- Understanding Opioids and The Chronic Pain Patient, Cumberland County Pharmacies Association, Portland, Maine, September 20, 2000.
- Chronic Pain and Opioid Treatment, St. Mary's Regional Medical Center Grand Rounds, Lewiston, Maine, September 28, 2000.
- Use of Alternative Medicine, Women's Retreat, East Auburn Baptist Church, Auburn, Maine, September 6, 2001.
- Why Use Opioids Now? The Pain Assessment, Staying Out of Trouble: Office Techniques, Embassy Suites. Southern Maine Osteopathic Group.
- The Use of Chronic Opioids in Private Practice, Chronic Pain and Addiction, Parallel Epidemics, DownEast Association for Physician Assistants, Bethel, Maine, February 1, 2001. *
- Office Practices and Procedures to Prevent Diversion of Controlled Substances, Sweetser Psychiatric Department, Brunswick, Maine, February 6, 2001.
- Use of Opioids in Chronic Nonmalignant Pain, Pain Symposium Grand Rounds, Togus VA Medical Center, March 2, 2001.
- Traumatic Brain Injury Understanding the Injury, Maine Trial Lawyers Association, Sheraton Hotel, Portland, Maine, April 6, 2001.
- Is there a Better Bullet, A Look into Alternative Medicine, Maine Human Resource Convention, Rockport, Maine, May 9, 2001.
- Parenting with Traumatic Brain Injury, American Heart Association, Bangor, Maine, May 23, 2001.
- Picking up the Pieces Following the Diagnosis of Reflex Sympathetic Dystrophy, RSD Hope Annual National Chronic Pain Seminar, Portland, Maine, June 14, 2001.
- Chronic Nonmalignant Pain Management and Why Physicians Prescribe Opioids, Airport Embassy Suites, Portland, Maine, June 16, 2001.
- Why Use Opioids Now, The Pain Assessment, Staying Out of Trouble: Office Techniques, Ramada Inn, Lewiston, Maine, June 19, 2001.
- Treatment of Insomnia, Visiting Profession Program, Chopsticks Restaurant, Lewiston, Maine, January 8, 2001.
- Evidenced Based Study of Myofascial Pain and Fibromyalgia, Diagnosis and Management, Northern New England Defense Counsel Association, South Portland, Maine, September 21, 2001.
- Alternative Medicine in Cancer Pain Management, Maine Cancer Association, Maine Medical Center, Portland, Maine.
- Chronic Pain and Addiction, Parallel Epidemics, St. Mary's Regional Medical Center Grand Rounds, Lewiston, Maine. September 27, 2001,
- How to Stay Out of Trouble with Chronic Opioid Usage, Central Maine Medical Center Grand Rounds, October 2, 2001.
- Pain and Addition, Parallel Epidemic in America, St. Mary's Regional Medical Center, Lewiston, Maine, October 9, 2001.
- Effects on Providing Damages with Experts, The Rhode Island Trial Lawyer's Association, Providence, Rhode Island, October 19, 2001.

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- Pain Management for Patients with Complex Regional Pain Syndrome, RSD Hope National Meeting, November 3, 2001.
- Chronic Pain and Substance Abuse, Parallel Epidemics in America, Use of Chronic Opioids in Chronic Nonmalignant Pain, Goodall Hospital, Sanford, Maine, November 29, 2001, *
- Pain Management with Bone Pain, Central Maine Medical Center, Osteoporosis Support Group, January 9, 2002.
- Pain Management Pain and Addiction, Parallel Epidemic in America, Maine General Hospital, January 25, 2002.
- Addiction and Pain Management, Pain Experiences, Bates University Department of Physiology B Visiting Professional B February 1, 2002.
- Brain Injury Rehabilitation, Maine Medical Center Grand Rounds (Family Practice and Psychiatry), February 5, 2002,
- New Concepts in Musculoskeletal Pain Management, Physician Small Study Group, Bangor, Maine, February 7, 2002.
- New Concept in Musculoskeletal Pain, Ellsworth Hospital Grand Rounds, Ellsworth, Maine, February 8, 2002,
- Spasticity Evaluation and Treatment of Children with Cerebral Palsy, Lewiston, Maine, April 25, 2002.
- New Concept in Pain Management, Physician Small Study Group, Naples, Maine, June 20, 2002.
- COX-2 and Opioids in Pain Management -Wind up, Southern Maine Osteopathic Group, Portland, Maine, June 25, 2002.
- The Use of a Physician in Understanding Your Case, Maine Bar Association, Bar Harbor, Maine, June 29, 2002,
- New Concepts in Pain Management, Maine Podiatry Society, Portland, MA, July 12, 2002, *
- Pain and Addiction, Parallel Epidemic in America, Case Management Society of New England, Yarmouth, ME, August 12, 2002.
- Pain and Addiction, Parallel Epidemic in America, Miles Health Center Grand Rounds, Damariscotta, Maine, August 20, 2002.
- New Concept in Pain Management, COX-2 and Opioids, -Wind up, Chronic Pain Team Members, Elliot Hospital, Manchester, NH, September 9, 2002
- Pain and Addiction, Parallel Epidemic in America, Maine Medical Center Grand Rounds (Family Practice and Psychiatry), Portland, Maine, October 1, 2002.
- New Pain Management For Chronic Old Pain, Maine Pharmacy Association, Greene, ME, October 1, 2002*
- Pain and Addiction, Parallel Epidemic in America, How to Evaluate, Maintain Medical Records, and Write Prescription Opioids, New England Association of Physician Assistants, University of Southern Maine, October 5, 2002.
- Examination of the Back in a Patient with Chronic Low Back Pain, Primary Care Advisory Network, Purdue-Pharma, October 26, 2002.
- Maintaining Mobility in The Face of Pain, at the RSD Hope Annual Survivors Meeting, South Portland, ME, November 1, 2002.
- Playing The Cards You Were Dealt: Learning How to Deal with Reality, RSD Hope Annual

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Survivors Meeting, South Portland, ME, November 2, 2002

- Physician, Chiropractic, Consortium by Open MRI of Orlando and MDDS of Orlando:
 - January 17, 2008: Brain injury and Balance disorders and how the Impairment is determined for these types of injuries.
 - March 29, 2007 Diagnostic testing that can better document pain complaints and injuries
 - May 10, 2007, May 24, 2007, June 07, 2007, June 21, 2007, July 26, 2007: a modified Neuropsych testing added substantial insight to a patients complaints
 - August 23, 2007: Malingering testing that can add credibility to your narrative reports.
 - June 19, 2007: Cases reviews: Physiatry and Pain management
 - July 18, 2007: Overview of NCV/EMG testing procedures, test results and their clinical application in your practice
 - October 25, 2007: Fibromyalgia and some of the latest research regarding its treatment
- Medical School for Attorneys: What is a Life Care Plan: Palm Beach County Bar Association, February 1, 2018.
- Life Care Planning Following Traumatic Brain Injury: International Brain Association Injury Meeting, Toronto, Canada: February 2019: Attorney Lecture Series
- Medical School for Attorneys: What is a Life Care Plan: Palm Beach County Bar Association, March 9, 2020.

MEDICAL PRACTICE

Norwich Pediatric Group P.C., Norwich, Connecticut, 1975-1978.

Children's Medical Associates of Norwich P.C., Norwich, Connecticut.

Founder and President of the corporation with three other physicians and thirteen employees, 1978-1984.

Forbes Regional Center, Monroeville, PA

Pediatric House Physician and Family Practice Clinical Instructor, (Emergency Room, Labor and Delivery Rooms, Pediatric Wards, Nursery, and Level II Newborn Intensive Care), 1984 - 1987.

Ocean State Rehabilitative Services, Cranston, Rhode Island

Medical Director, 1987 - 1992.

Medical Rehabilitation Associates, P.A., Lewiston, Maine

January 1, 1993 – June 30, 2004

Goodwill Industries of New England (Outpatient Community Reintegration)

Bayside NeuroRehabilitation Center, Portland Main

Medical Director, October 1, 1994 – October 1, 2006

Westside NeuroRehabilitation Center, Lewiston, Maine

Medical Director, October 1, 1996 – June 30, 2004

Rive Ridge Post Acute Brain Injury Center, Kennebunk, ME

Medical Director, 1998 -2000

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Headache and Pain Center of Palm Beach, August 1, 2004- June 2005

M.D. Diagnostic Specialists, Maitland, Florida

Medical Director, June 2005 to 2021

Palm Beach Sports Medicine, West Palm Beach, FL

Staff physiatrist June 2005 to present

Treasure Coast Anesthesiology, Port St. Lucie, FL

Staff physiatrist, June 2005 to January 1, 2014

Physiatry Life Care Planning Associates, Maitland, FL

Founder: 2020

OTHER MEDICAL RESPONSIBILITIES

State of Rhode Island Department of Vocational Rehabilitation, Chief Medical Consultant, 1987 to 1990.

St. Joseph Hospital, Medical Director of the St. Joseph Center for Rehabilitation and Chief of Rehabilitation Medicine, 1988 to 1992.

Maine Hospitals: Central Maine Medical Center, Lewiston, ME

St. Mary's Regional Medical Center, Lewiston, ME

Maine Medical Center, Portland, ME

Florida Hospitals:

Jupiter Hospital, Jupiter FL

Florida Hospital, Orlando, FL

National Pharmaceutical Lecture Services: Pfizer, Organon, Alparma, Purdue, and Allergan

Medical Missions: Places of Hope International:

Mano de Ayuda, Ario de Rosales, Michacan, Mexico, Medical Team Director

June 2005, June 2006, June 2007

Poade de Amor, Cieneguilla, Peru, Medical Team Director

July 2006, July 2007

TEACHING POSITIONS

Barrington College, Barrington, RI, Assistant Professor, Department of Science

Anatomy and Physiology: Sports Medicine Curriculum: 1969

Assumption College, Worchester MA, Adjunct Professor Vocational Rehabilitation

Counseling: Medical Disorders Facing the Rehabilitation Counselor 1992-1993

University of Central Florida Department of Physical Medicine and Rehabilitation,

Assistant Professor, November 2011 to present

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BOARD MEMBERSHIPS

Project Independence, Norwich, Connecticut, Board of Directors, Vice-President, 1980-1984.

First Baptist Church of East Greenwich, Board of Trustees, 1991 to 1993.

Year 2000, State of Rhode Island, Steering Committee, 1992.

Vocational Resources, Inc, Providence Rhode Island, Board of Directors, 1992.

Maine Employers' Mutual Insurance Co. Professional Medical Board Committee, 1994 to 1997

East Auburn Baptist Church, Auburn, ME, Elder Board, 2003-2004

The Pain Institute, (WWW.THEPAININSTITUTE.org), International Educational Forum, 2004

Connecticut Hemophilia Society – Board of Directors - 1984

Statement and Expert's opinions



Ronald E. Snyder, MD
Physical Medicine and Rehabilitation
Pediatrics

PHYSIATRY LIFE CARE PLANNING ASSOCIATES
Ronald E Snyder, MD
Nicholas Bagnoli, DO
Maria Ocasio-Silva, MD, CLCP
Rafael Santiago, MD
Rachel Richardson, MAT, CLCP

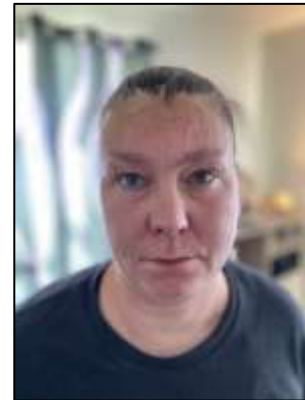
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Records and Billing Office
668 N Orlando Ave
Suite 1018
Maitland, FL 32751

Client: Wadsworth, Stephanie
Date of Birth: 03-16-1987
Date of Home Visit: 04-13-2023
Date of Report: 06-04-2024



**Physiatry Home Evaluation
And
Life Care Planning**

Summary

Stephanie Wadsworth is now a 37-year-old female who on 02-01-2022, was 34-years-old when she was pulled from a burning home by a passerby. She was brought by EMS to Memorial Hospital of Sweetwater County Emergency Department in Rock Springs, Wyoming, where she was noted to have sustained severe burns. She was intubated as she had stridorous respirations and sustained smoke inhalation, burns to the oropharynx, and airway edema. She was given IV fluids including Hydroxocobalamin, Fentanyl Drip, Cefazolin Sodium, and transferred to the Trauma Center at University of Utah in Salt Lake City.

Upon arrival to University of Utah, she was noted to have burns involving 30-39% TBSA with full thickness burns of 30-39%. She underwent seven surgical interventions that resulted in autograft placement to all of her full thickness burn wounds. She had thrombocytopenia and acute blood loss anemia, replaced with platelets and packed red blood cell transfusions. She also had electrolyte imbalances which resolved over time. She remained intubated for 19 days for grade

WADSWORTH, Stephanie
Green River, WY

3/4 inhalation injury. She was followed by ophthalmology for bilateral corneal abrasions and thermal corneal injury to the left eye; these subsequently resolved. ENT was consulted for patient's dysphonia and dysphagia that was believed to be due to acute illness and prolonged intubation. No acute intervention was necessary, and she was encouraged to follow-up with the voice disorders clinic once discharged. She was found to have various wound infections that required topical and systemic antibiotic therapy, including Vancomycin, to help manage and these subsequently resolved as well. She also experienced visual hallucinations, nightmares, and delirium while on the burn unit. She was placed on Seroquel. During her hospitalization, she was followed by SLP, and her diet was advanced as clinically able. She was on a regular diet at the time of discharge. She received PT and OT for joint active range of motion and physical therapy was continued after discharge. She recovered well post-operatively and it was felt that her burns could be managed as an outpatient, so she was discharged home to her in-laws on 03-21-2022.

2nd or 3rd degree wounds were noted to the:

1. Head & scalp
2. Chin
3. Nose
4. Mouth & oropharynx
5. Bilateral ears
6. Bilateral eyelids & periocular area
7. Bilateral cornea & conjunctival sac
8. Neck
9. Abdomen
10. Right shoulder, arm, elbow, and forearm
11. Left shoulder, arm, elbow, and forearm
12. Bilateral hands
13. Bilateral anterior thighs
14. Posterior right leg
15. Posterior left leg
16. Plantar left foot
17. Plantar and dorsal right foot
18. Upper back
19. Lower back
20. Buttocks

After discharge, she underwent several fractional carbon dioxide laser ablative treatments for improving scars. She was followed by her trauma burn surgeon, Giovanni Lewis, MD. She was also followed by Breanne Schiffer, MD, an otolaryngologist at the Voice Disorders Center. She sustained posterior glottic stenosis, dysphagia, and dysphonia with vocal fold edema following prolonged intubation for burn injury.

She attended outpatient physical therapy near her home in Wyoming at High Plains Physical Therapy. Available medical records report visits 26 through 54. At the 54th visit, she was still reporting tightness and stiffness in the back, shoulders, and left hand but without pain.

WADSWORTH, Stephanie
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Treatment was to focus on patient's chief complaints of aching, difficulty performing household management activities, difficulty sleeping; limited ability to participate in activity, stiffness, and weakness. Additional physical therapy was recommended but she was close to exhausting her total authorized visits per year.

On 08-24-2022, she was seen at Castle Rock Medical Center where she was diagnosed and treated for Covid.

On 06-22-2022, she presented to Desert View Eye Care for blurred vision at a distance. She was diagnosed with bilateral myopia and left astigmatism. A prescription change at that time was felt to be optional. She returned on 09-27-2023 when a prescription change was advised.

On 03-15-2023 she presented to Castle Rock Medical Center with a rash on her ear lobe. She was diagnosed with cellulitis and placed on seven days of Cephalexin.

On 08-09-2023 and 09-06-2023, she presented to Rock Springs Plastic Surgery for irritation from previous burns on feet as if she was walking on rocks. She was diagnosed with callus of the foot and underwent shaving of the calluses.

Documents Reviewed

1. Castle Rock Hospital District-Emergency Services Report 02-01-2022
2. Memorial Hospital of Sweetwater County Emergency Department Report (Astrid Haaland, MD) 02-01-2022
3. University of Utah Hospital Notes 02-01-22 through 03-21-2022
4. Burn Surgery Discharge Summary (Callie Thompson, MD) 03-21-2022
5. Emergency Department Note (Scott E McIntosh, MD) 02-01-2022
6. Trauma Admission History and Physical (Raminder Nirula, MD) 02-01-2022
7. Burn Critical Care History & Physical (Irma Fleming, MD) 02-01-2022
8. Pharmacy Admission Medication History (Colton Radford, PharmD, BCCP) 02-01-2022
9. Operative Procedure Notes (Irma Dekonti Fleming, MD) dated 02-03-2022, 02-24-2022
10. Operative Procedure Notes (Giavonni Lewis, MD) dated: 02-11-2022, 02-14-2022, 03-01-2022
11. Operative Procedure Note (Callie Marie Thompson, MD) dated: 02-04-2022, 02-08-2022
12. Orthopedic Surgery Consult Note (Justin Michael Haller, MD) dated 02-01-2022
13. Ophthalmology Consultation Follow-Up Notes (Theresa Long, MD) dated 02-02-2022, 02-04-2022, 02-08-2022, 02-15-2022
14. Ophthalmology Consultation Follow-Up Notes (Rachel Patel, MD) dated 03-02-2022
15. Otolaryngology-Head and Neck Surgery Consult (Katherine Rose Keefe, MD/Richard Bigelow Cannon, MD) 02-21-2022
16. Flexible laryngoscopy Procedure Note (Katherine Rose Keefe, MD) 02-21-2022
17. Acute Care Speech Language Pathology Evaluation (Hadley Regal, CCC-SLP) 02/21/2022
18. Acute Care Speech Language Pathology Progress Notes dated 02-27-2022, 02-28-2022, 03-01-2022, 03-02-2022, 03-03-2022, 03-04-2022, 03-05-2022, 03-07-2022, 03-08-2022, 03-10-2022, 03-13-2022, 03-15-2022, 03-16-2022, 03-17-2022, 03-18-2022

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19. Trauma Tertiary Survey & Progress Notes (Raminder Nirula, MD) dated 02-02-2022, 02-03-2022
20. Critical Care BTICU Progress Notes (Irma Dekonti Fleming, MD) dated 02-02-2022, 02-03-2022, 02-18-2022, 02-19-2022, 02-20-2022, 02-21-2022, 02-22-2022, 02-23-2022, 02-20-2022, 02-24-2022, 03-11-2022, 03-12-2022, 03-13-2022, 03-14-2022, 03-15-2022, 03-16-2022, 03-17-2022
21. Critical Care BTICU Progress Notes (Callie Marie Thompson, MD) dated 02-04-2022, 02-05-2022, 02-06-2022, 02-07-2022, 02-08-2022, 02-09-2022, 02-10-2022, 03-04-2022, 03-05-2022, 03-06-2022, 03-07-2022, 03-08-2022, 03-09-2022, 03-10-2022, 03-18-2022, 03-19-2022, 03-20-2022
22. Critical Care BTICU Progress Notes (Giavonni Lewis, MD) dated 02-11-2022, 02-12-2022, 02-13-2022, 02-14-2022, 02-15-2022, 02-16-2022, 02-17-2022, 02-25-2022, 02-26-2022, 02-27-2022, 02-28-2022, 03-01-2022, 03-02-2022, 03-03-2022
23. Physical/Occupational Therapy Notes dated: 02-02-2022, 02-03-2022, 02-06-2022, 02-07-2022, 02-09-2022, 02-10-2022, 02-12-2022, 02-13-2022, 02-15-2022, 02-16-2022, 02-17-2022, 02-18-2022, 02-19-2022, 02-20-2022, 02-21-2022, 02-22-2022, 02-23-2022, 02-25-2022, 02-26-2022, 02-27-2022, 02-28-2022, 03-02-2022, 03-03-2022, 03-04-2022, 03-05-2022, 03-06-2022, 03-07-2022, 03-08-2022, 03-09-2022, 03-10-2022, 03-11-2022, 03-12-2022, 03-13-2022, 03-14-2022, 03-15-2022, 03-16-2022, 03-17-2022, 03-18-2022, 03-19-2022, 03-20-2022
24. University of Utah Outpatient Burn Services Virtual Clinic Notes (Melinda Orr, APRN/Christopher LaChapelle, MD) dated 11-30-2022
25. University of Utah Outpatient Burn Services Virtual Clinic Notes (Rylee Whitehouse, RPAC/Giavonni Lewis, MD) dated: 08-31-2022
26. University of Utah Outpatient Burn Services Virtual Clinic Notes (Carlin John Barney, RPAC) dated 07-18-2022
27. University of Utah Outpatient Burn Services Notes (Irma Dekonti Fleming, MD) dated 06-02-2022
28. University of Utah Outpatient Burn Services Notes (Kathleen Ewanowski, PA-C/Irma Dekonti Fleming, MD) dated 03-28-2022
29. University of Utah Outpatient Burn Services Notes (Molly Ann Bailey, PA-C/Giavonni Lewis, MD) dated 04-19-2022
30. University of Utah Outpatient Burn Services Clinic Notes (Westley Hunsaker, RPAC/Callie Thompson, MD) dated 05-11-2022
31. University of Utah Outpatient Burn Services Clinic Notes (Westley Hunsaker, RPAC/Giavonni Lewis, MD) dated 04-06-2022
32. University of Utah Burn Laser Treatment Notes (Mindy Orr, APRN/Callie Thompson, MD) dated 06-02-2022, 09-06-2022
33. University of Utah Burn Laser Treatment Note (Westley Hunsaker, PA-C/Giavonni Lewis, MD) dated 11-15-2022
34. University of Utah Ablative Laser Procedure Notes (Christopher Lachapelle, MD) dated 06-06-2023, 11-07-2023
35. University of Utah History & Physical Notes (David Souza, RPAC/ Christopher LaChapelle, MD) dated 11-07-2022

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36. University of Utah History & Physical Notes (Giavonni Lewis, MD) dated: 11-15-2022
37. University of Utah Laryngeal Function Studies (Elizabeth Lanza, MA, CCC-SLP) 05-03-2022
38. University of Utah Otolaryngology Notes (Breanne Schiffer, MD) dated: 05-03-2022, 06-24-2022, 08-02-2022
39. University of Utah Otolaryngology Operative Report (Breanne Schiffer, MD) 06-08-2022: Microlaryngoscopy with balloon dilation and Bronchoscopy with CO2 laser
40. University of Utah Outpatient Physical Therapy Progress Notes dated: 04-19-2022, 05-11-2022, 06-02-2022, 07-18-2022, 08-30-2022, 09-15-2022, 02-06-2023
41. University of Utah Occupational Therapy Progress Notes (Callie J Hayes, OT) dated 03-28-2022
42. Castle Rock Medical Center Progress Notes (Kristine Sherwin, RPAC) dated: 08-09-2022, 09-06-2022
43. Castle Rock Hospital District Notes (Lynn P Eskelson MD) 08-24-2022
44. Castle Rock Hospital District Notes (Brenna Kirsch, APRN) 03-15-2023
45. Desert View Eye Care, LC Note (Jeffrey A Wilson OD) 06-22-2022
46. Desert View Eye Care, LC Note (Amasa L Mecham OD) 09-27-2023
47. High Plains Physical Therapy Notes (Michael Nelson, PT, MS) dated 06-01-22 through 09-14-2022

History of Events



“This is a 34-year-old female who presents to the emergency room by EMS after being the victim of a house fire. Initial EMS call went out at approximately 4:30 AM this morning. Per bystander report, the patient had been dragged out of the burning building by a passer-by, initially was unresponsive, but came to onsite. On arrival in the emergency room the patient was awake and talking, there was obvious stridor and burns to the oropharynx. Intubated for airway precaution. Some airway edema noted, with soot below the levels of the cords. There is significant second-degree burns to the entire face, anterior neck, back ranging from the neck

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to the buttocks, as well as some involvement of bilateral upper and lower extremities. Estimated TBSA approximately 25 to 30%." (Memorial Hospital of Sweetwater County, Emergency Department Report, Astrid Haaland, MD, Emergency Physician, 02-01-2022)

02-02-2022



03-16-2022	06-02-2022
	
	

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The following is from the patient's last recorded physical therapy visit dated 09-14-2022 with Michael Nelson, PT, MS:

FUNCTION/OBSERVATION:

Function	Initial	Goal	Last	Current	Comment
Recreational Activities	Poor	Good	Fair	Fair	
Climbing Steps	Poor	Good	Fair	Good	

Function	Initial	Goal	Last	Current	Comment
Home Maintenance - Inside	Poor	Good	Fair	Fair	
Home Maintenance - Outside	Poor	Good	Fair	Fair	
Prolonged Standing	Poor	Good	Fair	Fair	
Walking on Uneven Surface	Poor	Good	Fair	Fair	

Questionnaires

Lower Extremity Functional Scale

Total Score: 59/80

Was 31 at eval, 60 on 5-4-22, and 59 on 6-17.

Goal of 56.

DASH

Score: 19.2%

Was 68.8% at eval, 25.8% on 5-4-22, and 29.2% on 6-17.

Goal of <20%.

ASSESSMENT

Patient does ok overall with activities today, despite long break from PT. Patient continues to make progress towards goals, albeit slowly. Still with tightness, etc that limits her function, but is maintaining good overall function and with improvements with PT. She and/or family is aware of her diagnosis. The plans and goals have been developed and discussed with the patient.

The patient's rehab potential is good.

Diagnostic Reports

1. X-ray Chest 1 View 02-19-2022

a. IMPRESSION

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- i. Endotracheal tube tip is 3.0cm above the carina. Rounded left basilar retrocardiac opacity is mildly increased in conspicuity, the differential diagnosis includes rounded atelectasis, consolidation.

2. X-ray Chest 1 View 02-18-2022

a. IMPRESSION

- i. No new or increasing findings of pulmonary edema.

3. X-ray Chest 1 View 02-17-2022

a. IMPRESSION

- i. No lung edema or pleural fluid accumulation is present.

4. X-ray Chest 1 View 02-15-2022

a. IMPRESSION

- i. No significant interval change.

5. X-ray Chest 1 View 02-14-2022

a. IMPRESSION

- i. Left internal jugular central venous catheter has been retracted and now terminates in the mid superior vena cava.
- ii. Endotracheal tube terminates 3cm above the carina. Otherwise, unchanged support apparatus.

6. X-ray Chest 1 View 02-14-2022

a. IMPRESSION

- i. Interval placement of left IJ central venous catheter with tip near the superior cavoatrial junction in satisfactory position.

7. X-ray Chest 1 View 02-14-2022

a. IMPRESSION

- i. Minimal left hemidiaphragm elevation with left basilar atelectasis and left lower lobe pneumonia not excluded.

8. X-ray Chest 1 View 02-13-2022

a. IMPRESSION

- i. Persistent left lower lobe opacity consistent with atelectasis or infiltrate.

9. X-ray Chest 1 View 02-12-2022

a. IMPRESSION

- i. Endotracheal tube has been advanced now projecting 4.1cm above the carina.
- ii. Unchanged left retrocardiac opacity.

10. X-ray Chest 1 View 02-12-2022

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a. IMPRESSION

- i. Slightly worsened left retrocardiac consolidation when compared with the same day exam at 5:19am.

11. X-ray Chest 1 View 02-12-2022

a. IMPRESSION

- i. Slightly improved left lower lobe consolidation.

12. X-ray Chest 1 View 02-11-2022

a. IMPRESSION

- i. Multi-segmental opacities within the left lower lung are unchanged, likely representing atelectasis.

13. X-ray Chest 1 View 02/10/2022

a. IMPRESSION

- i. Multi-segmental left lower lobe opacity is present, consistent with atelectatic lung.
- ii. Aeration of the lobe is diminished from yesterday.

14. X-ray Chest 1 View 02/09/2022

a. IMPRESSION

- i. Slight increased airspace opacities within the left lung.

15. X-ray Chest 1 View 02-08-2022

a. IMPRESSION

- i. Unchanged subsegmental sized opacities in the left lung base.

16. X-ray Chest 1 View 02-07-2022

a. IMPRESSION

- i. Basilar atelectasis versus consolidation, improved.

17. X-ray Chest 1 View 02-06-2022

a. IMPRESSION

- i. Improving aeration of the left lung base, which may reflect slight differences in patient position/rotation.
- ii. Unchanged retrocardiac opacities. No new infiltrate.

18. X-ray Chest 1 View 02-05-2022

a. IMPRESSION

- i. Worsening left lower lung opacity with blunted left costophrenic angle which may represent small left pleural effusion with associated atelectasis. However, superimposed infectious process cannot be excluded.

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19. X-ray Chest 1 View 02-05-2022

- a. IMPRESSION
 - i. Improving aeration of the left lung base.
 - ii. No new infiltrate.

20. X-ray Chest 1 View 02-04-2022

- a. IMPRESSION
 - i. New left retrocardiac opacity could represent aspiration or atelectasis.

21. X-ray Chest One View 02-02-2022

- a. IMPRESSION
 - i. No pulmonary parenchymal abnormality is present.

22. X-ray Chest Single View 02-01-2022

- a. IMPRESSION
 - i. Tip of ET tube in satisfactory position below clavicles above carina.

23. X-ray Chest 1 View 02-01-2022

- a. IMPRESSION
 - i. Gastric tube side port in the mid-distal esophagus, recommend advancing at least 12-15cm.
 - ii. No acute cardiopulmonary process.

24. X-ray Pelvis 1 To 2 Views 02-02-2022

- a. IMPRESSION
 - i. No visualized displaced fracture.

25. X-ray Abdomen One View 02-22-2022

- a. IMPRESSION
 - i. Feeding tube is appropriately positioned.

26. X-ray Abdomen One View 03-01-2022

- a. IMPRESSION
 - i. Feeding tube tip projects over the fourth portion of the duodenum.

27. CT Cervical Spine Without Contrast 02-02-2022

- a. IMPRESSION
 - i. No acute traumatic abnormality of the cervical spine.
 - ii. Diffuse soft tissue edema.

28. CT Thoracic Spine Without Contrast 02-02-2022

- a. IMPRESSION
 - i. No acute traumatic abnormality of the thoracic spine.

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- ii. There are a few centrilobular ground-glass nodules in the right lower lobe which may be secondary to inflammation (such as inhalational injury) or infection.

29. CT Lumbar Spine Without Contrast 02-02-2022

- a. IMPRESSION
 - i. No acute traumatic abnormality of the lumbar spine.
 - ii. Mild lumbar spondylosis as above.
 - iii. No high-grade spinal canal or foraminal narrowing.

30. Duplex Venous Scan Bilateral Lowers 02-16-2022

- a. IMPRESSION
 - i. Technically limited examination of the bilateral lower extremity venous system.
 - ii. Focal images of the right and left common femoral, popliteal, and calf veins show no evidence of deep vein thrombus.
 - iii. Presence of deep vein thrombus in non-visualized vein segments cannot be excluded.

31. Transthoracic Echocardiogram Report 02-03-2022

- a. SUMMARY
 - i. Hyperdynamic left ventricular systolic function with an ejection fraction of 82%.
 - ii. Normal right ventricular size and systolic function.
 - iii. No significant valvular abnormalities.
 - iv. No significant pericardial effusion.
 - v. No prior echocardiogram available for comparison.

32. Transthoracic Echocardiogram Report 02-15-2022

- a. SUMMARY
 - i. Normal left ventricular systolic function, with an ejection fraction of 61%.
 - ii. Normal pattern of diastolic filling.
 - iii. Hyperdynamic right ventricular systolic function.
 - iv. No significant valvular abnormalities.
 - v. No significant pericardial effusion.
 - vi. No significant change from previous study.

During Today's Home Visit and Interview, Mrs. Wadsworth Reported:

- 1. Regarding the house fire, she does not remember what happened after she went back to get her youngest son who was still sleeping. She remembers some ("in and out") after she woke up out of the house and remembers being in the helicopter.

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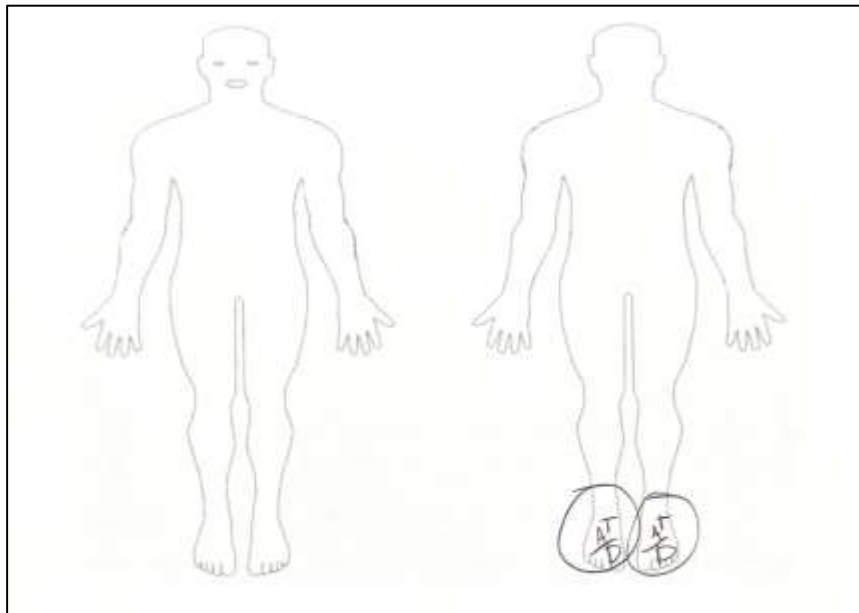
2. After being discharged from hospital, she went to live with her in-laws for a month. Then they rented a house for 18 months until the new house was built.
3. She has continued to follow-up with a burn specialist and has received several laser treatments. She feels that the treatments have not been beneficial for her hands or her feet so far.
 - a. She had laser therapy in January and March 2024. These are done under general anesthesia at the University of Utah. She reports injections should be every 4-6 weeks but are difficult to schedule.
4. Regarding her feet, she has developed severe painful calluses. She reports severe pain when putting weight in her feet. She reports feels like having pebbles. She used to love hiking with her children but now avoids long distance walks.
 - a. Mrs. Wadsworth had treatment for her left foot in October 2023 and January 2024, pending treatment for her right foot.
5. She does not tolerate the sun. The "sun hurts" and she gets hot really fast and needs to stand in the shade.
6. She has significant skin itching.
7. She reports her skin easily scrapes. The skin on her hands is very thin and bleeds easily. She reports that she has to be very careful when doing activities that require use of her hands.
8. Also, her hands/fingers at times are "shaky/wonky" when doing her laundry/cleaning and when trying to reach her back.
9. She has loss of feeling.
10. Cosmesis regarding her face, ears, and hair has not been addressed/discussed. She especially notices the discoloration of skin graft in her forehead as well as loss of her hair.
11. She continues having aches and loss of ROM. She partook in PT on and off but stopped going as the therapist had not much experience with burns victims.
 - a. Left hand as well as the back of her shoulders and back feel tight.
 - b. Stretching those areas is uncomfortable.
12. Her memory worsened after injury. Often, she forgets had a conversation.
13. She is extra cautious with cord and outlets, hypervigilant and has difficulty going to sleep.

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14. Most of her children and her husband are emotionally affected.
- a. Her oldest child, Camille (14 y/o) struggled with her grades afterwards. She was diagnosed with anxiety and tried to harm herself. She saw Psychology for some time. Currently, she sees Psychology 1-2x/week as needed. Also, a school counselor is available. Mrs. Wadsworth reports Camille is, "good at hiding things."
 - b. Her 3rd child Layne has PTSD symptoms if a fire alarm goes off. He starts shaking and cries.
 - c. Her youngest child, Weston, was also burned during the house fire. He is self-conscious and does not want to wear shorts. He is very protective of his leg.
 - d. Her husband avoids talking about it. She reports that he needs help.
 - e. Her 2nd child Hunter is doing okay.



PAIN
Pain Diagram



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1. Pain Type: Achy, throbbing, and dull.
2. Pain Duration: Constant
3. Pain Timing: Can occur at any time of the day.
4. Pain Intensity:
 - a. Highest level of discomfort: 8/10
 - b. Lowest level of discomfort: 1/10
 - c. Usual/average level of discomfort: 5/10
 - d. Current level of discomfort: 5/10
5. Exacerbating (↑) and Alleviating (↓) Factors

	leaning backward		lying down on the stomach		corsets/braces
	turning around		lying sideways on the hips		ice/cold
↑	lifting kids/bags/suitcases	↑	walking		heat
↓	computer workstation	↑	walking upstairs/uphill		massage
	prolonged sitting	↑	walking downstairs/downhill		medication
↑	prolonged standing		urinating		liquor
	sneezing/ coughing		defecating/ straining		sleeping
	driving		stretching		relaxation/yoga
	intercourse	↑	jumping		socializing/TV
	household chores		stress/tension		loud noises
	no movement	↑	touching/pressure		push shopping cart

Daily Biological Functions

1. Sleep

Mrs. Wadsworth reports has sleeping difficulties including:

 1. Difficulty getting to sleep.
 2. Awakens tired (not rested).
 3. She reports drinking alcohol at night as it helps her go to sleep.
2. Appetite is normal.
3. Normal voiding.
4. Has a bowel movement every 2 days.

Review of Systems

Positive for:

1. General: Changes in weight, night sweats
2. Neurologic: Memory difficulties, weakness
3. Head: Sinus
4. Skin: Dry skin, itching
5. Other systems reviewed and negative.

Current Physicians and Other Health Care Providers

1. PCP
2. Burn Trauma Surgeons

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- a. Giavonni Lewis, MD (University of Utah)
 - b. Callie Marie Thompson, MD (University of Utah)
 - c. Irma Dekonti Fleming, MD (University of Utah)
 - d. Christopher Roy LaChapelle, MD (University of Utah)
3. Otolaryngology
 - a. Breanne Schiffer, MD (University of Utah)
4. Plastic Surgery of Rock Springs

Past Medical History PRIOR to Event on 02-01-2022

1. Depression: Mrs. Wadsworth reports she had post-partum depression.
 - a. She took Citalopram for some time.
 - b. She reports ran out of it and nobody would refill it.
2. Back Pain, Lumbar Stenosis
3. Vitiligo

Medical Conditions AFTER Event on 02-01-2022

1. Full-thickness burns involving 30-39% TBSA.
2. Grade 3/4 Inhalation Injury: Burns to the oropharynx, and airway edema.
 - a. Status-post intubation and mechanical ventilation.
3. Thrombocytopenia and anemia.
 - a. Status-post blood transfusions.
4. Bilateral corneal abrasions and thermal corneal injury to the left eye.
5. Burn hypermetabolism.
6. Dysphonia with vocal fold edema.
7. Dysphagia
8. Posterior glottic stenosis
9. Pruritis
10. Neuropathic pain
11. Scarring
12. Callus of the foot

Past Surgical History PRIOR to Event on 02-01-2022

1. Tubal ligation
2. Lumbar spine surgery, microdiscectomy. 04-08-2021
3. Wisdom tooth extraction

Past Surgical History AFTER Event on 02-01-2022

1. 02-03-2022: Excision and Allograft Placement to back & bilateral lowers (Irma Dekonti Fleming, MD)
2. 02-04-2022: Excision and Allograft Placement to bilateral upper extremities and bilateral lower extremities (Callie Marie Thompson, MD)

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3. 02-08-2022: Excision and Allograft Placement to posterior torso & bilateral lower extremities (Callie Marie Thompson, MD)
4. 02-11-2022: Excision and Allograft Placement to bilateral hands, thighs, and right foot (Giavonni Lewis, MD)
5. 02-14-2022: Excision and Allograft Placement face (Giavonni Lewis, MD)
6. 02-24-2022: Excision and Allograft Placement bilateral feet, face, & ears (Irma Dekonti Fleming, MD)
7. 03-01-2022: Excision and Allograft Placement face, ears, feet, right thigh, right flank, right abdomen (Giavonni Lewis, MD)
8. 02-01-2022, 02-14-2022: Central Line Placements (Noah Stephen Brown, MD)
9. 02-01-2022: Arterial Line Placement (Megan Taylor Wojick, MD)
10. 02-14-2022: Arterial Line Placement (Melinda Orr, APRN)
11. 02-01-2022: Bronchoscopy (Kathleen Ewanowski, PA-C)
12. 06-08-2022: Micro-laryngoscopy with balloon dilation, Kenalog injection and Bronchoscopy with CO2 laser (Breanne Schiffer, MD)
13. 06-02-2022: Laser Fractional CO2 Ablation To Burn Scars (Callie Thompson, MD)
14. 09-06-2022: Laser Fractional CO2 Ablation To Burn Scars (Callie Thompson, MD)
15. 11-15-2022: Laser Fractional CO2 Ablation To Burn Scars (Giavonni Lewis, MD)
16. 06-06-2023: Laser Fractional CO2 Ablation To Burn Scars (Christopher Lachapelle, MD)
17. 11-07-2023: Laser Fractional CO2 Ablation To Burn Scars (Christopher Lachapelle, MD)

Allergies

1. No known drug allergies.

Prior Medications (PRIOR to Event on 02-01-2022)

1. Citalopram (CELEXA) 40mg, 1 Tab, Daily
 - a. Mrs. Wadsworth reports she had post-partum depression.
 - b. She took Citalopram for some time.
 - c. She reports ran out of it and nobody would refill it.

Current Medication (AFTER Event on 02-01-2022)

1. Resta Lite lotion (or Vaseline)



Function PRIOR and AFTER Event on 02-01-2022

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1. Independent mobility and ADLs
2. Right-handed
3. Driving in the community

Activities of Daily Living Checklist

1. **Housekeeping and Cleaning:** Does not need help but performs with aches and difficulty. Also, her hands bleed easily.
2. **Shopping, Errands, and Transportation:** Does not need help but with aches and difficulty. Also, she does not tolerate the sun.
3. **Laundry:** Does not need help but with difficulty. Her hands bleed easily.
4. **Meal Preparation and Eating:** Does not need help but has to be careful as her hands bleed easily.
5. **Bathing:** Does not need help but difficult due to aches and tightness of hand and back of her shoulders and back.
6. **Grooming, Personal Hygiene, and Dressing:** Does not need help (for the most part) but difficult due to aches and tightness of hand and back of her shoulders and back. Mrs. Wadsworth reports she applies lotion as much as she can but cannot reach her back.
7. **Mobility:** Does not need help but difficulty due to aches, tightness, and feet pain.
8. **Night Services:** Independent
9. **Medication Management:** Independent
10. **Bowel and Bladder Continence:** Continent
11. **Communications:** Independent
12. **Leisure Activities:** Very limited as she does not tolerate the sun, has aches and tightness, and feet pain.

Family History

1. Mother: 71 y/o, alive. Multiple sclerosis, lymphoma, scoliosis
2. Father: 72 y/o, alive. Post-polio syndrome, osteoarthritis

Home Environment

1. Lives in a 1-story house with 5 steps to enter.



Social History

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1. Mrs. Wadsworth lives with her husband Matthew and their 4 children.
2. She graduated from high school and completed her CNA studies in high school. She also completed 1.5 years of college. She stopped working after her second child was born and is a stay-at-home mom.
3. Her husband Matthew is a production mechanic at the processing plant for Arm and Hammer
4. Mother of 4 Children:
 - a. 14 y/o girl, Camille
 - b. 10 y/o boy, Hunter
 - c. 8 y/o boy, Layne
 - d. 6 y/o boy, Weston (he suffered burn injuries)



Substance Abuse

1. Tobacco: 1 pack per day for 20 years.
2. Caffeine: Drinks coffee 1-2x per day.
3. Alcohol: Daily alcohol use at night. She acknowledges drinks more than she should, but she reports that she drinks alcohol at night as it helps her go to sleep.
4. Drug Use: None

Educational Background

1. Prior Learning Disabilities: No
2. Prior History of Grade Retention: No
3. History of ADHD: No
4. Special Education Classes: No
5. Required Tutoring: No

Hobbies

1. Used to go hiking, fishing, camping horses- all outdoor activities and is unable to enjoy now.

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Screening for Depression: Beck Inventory Depression Testing = 24 POINTS

A score of 11-16 indicates mild depression, 17-26 moderate depression, and greater than 26 is suggestive of severe depression.

Screening Post Traumatic Stress Disorder: (DMS-V)- DOES meet criteria

1. **Prior Stressors:** None
2. **Stressor:** Burn victim, house fire
3. **Intrusion Symptom Criteria (Criteria B from DMS-V: Must have 1)**
 - a. PRESENT: Repeated, involuntary, disturbing memories, thoughts, or images of the stressful experience? Moderately
 - b. PRESENT: Repeated, disturbing dreams of the stressful experience? Not at all
 - c. PRESENT: Suddenly acting or feeling as if the stressful experience were happening again (as if you were reliving it)? A little bit
 - d. PRESENT: Feeling very upset when something reminded you of the stressful experience? Moderately
 - e. PRESENT: Having physical reactions (e.g., heart pounding, trouble breathing, or sweating) when something reminded you of the stressful experience? A little bit
4. **Avoidance Symptoms Criteria (Criteria C from DSM-V: Must have 1)**
Trauma-related thoughts, feelings, and external reminders (people, places, objects).
 - a. PRESENT: Avoiding thinking about or talking about the stressful experience or avoiding having feelings related to it? Quite a bit
 - b. PRESENT: Avoiding activities or situations because they remind you of the stressful experience? A little bit
 - c. PRESENT: Trouble remembering important parts of the stressful experience? Quite a bit
5. **Negative Alteration in Cognitions and Mood (Criteria D from DSM-V: Must have 2)**
Persistent cognitive or persistent negative beliefs and expectations.
 - a. PRESENT: Loss of interest in activities that you used to enjoy? Extremely
 - b. PRESENT: Feeling distant or cut off from other people? Quite a bit
 - c. PRESENT: Feeling emotionally numb or being unable to have loving feelings for those close to you? A little bit
 - d. PRESENT: Feeling as if your future will somehow be cut short? Quite a bit
6. **Alterations in Arousal and Reactivity (Criteria E from DSM-V: Must have 2)**
 - a. PRESENT: Trouble falling or staying asleep? Quite a bit
 - b. PRESENT: Feeling irritable or having angry aggressive outbursts? A little bit
 - c. PRESENT: Having difficulty concentrating? A little bit
 - d. PRESENT: Being "super alert" or watchful or on guard? Moderately
 - e. PRESENT: Feeling jumpy or easily startled? A little bit

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PHYSICAL EXAMINATION

Observed Behaviors

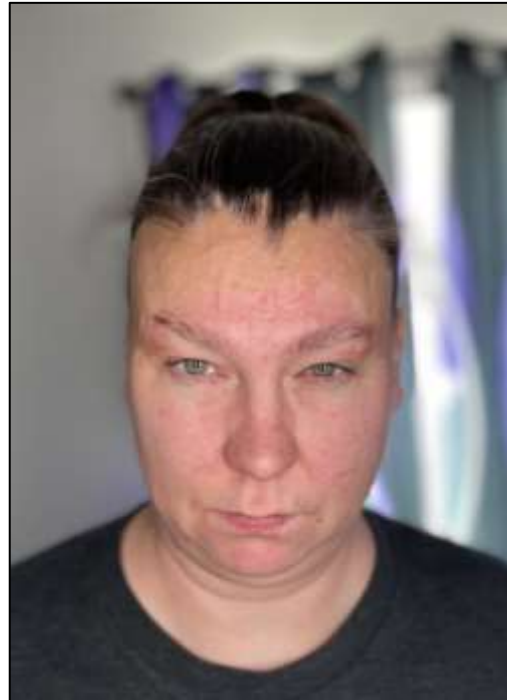
1. Affect was flat and mood appeared depressed.

Skin

1. Head and Face
 - a. Multiple scars
 - b. Scarring alopecia, including eyebrows
 - c. Ear lobes loss of cartilage



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2. Left Upper Extremity



3. Right Upper Extremity



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4. Back



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5. Thighs and Legs



Left



Right



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6. Dorsal and Plantar Aspects of the Feet



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HEENT

1. No injected sclera, no eye secretions
2. Bilateral loss of ear cartilage
3. Right eyebrow scarring alopecia

Pulmonary/Cardiovascular

1. Unlabored breathing, no stridor, symmetric chest expansion.
2. No swollen feet and legs, radial pulse palpable, regular.

Abdomen

1. Abdomen is soft, non-tender, and non-distended.

NEUROLOGICAL EXAMINATION

Cranial Nerves

1. CN I-II: not tested
2. CN III-XII: grossly intact

Manual Muscle Testing

1. 5/5 at upper and lower extremities

Sensory Testing

1. Sensation was decreased at all burned areas.
 - a. Mrs. Wadsworth is unable to distinguish between sharp and dull at all burn scar areas.
2. Baseline decreased sensory at right distal leg and foot due to radiculopathy history.

Balance Examination

1. Sitting Balance Static: Good
2. Standing Balance Static: Good

Coordination

Mrs. Wadsworth is able to use her hands but with difficulty due to tightness of the dorsal aspect of her hands due to burn scars.

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ORTHOPEDIC EXAMINATION

Range of Motion

The cervical spine was tested in forward flexion, extension, and lateral and side rotation in both directions. Likewise, the shoulders, elbows, and wrists were tested. The lumbar spine, hips, knees, and ankles were also examined.

1. Essentially normal range of motion of cervical and lumbar spine.
2. Essentially normal range of motion of upper extremity joints but posterior shoulder tightness as well as dorsal MCP, PIP and DIP joints tightness due to scar contracture.



Gait

Essentially normal gait within the home.

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Impression of Problems

Stephanie Wadsworth is now a 37-year-old female who, on 02-01-2022, was involved in a house fire. She suffered severe burns involving 30-39% TBSA. She also sustained a Grade 3/4 inhalation injury, burns to the oropharynx, airway edema (status-post intubation and mechanical ventilation), thrombocytopenia and anemia (status-post blood transfusions), burn hypermetabolism, bilateral corneal abrasions, thermal corneal injury to the left eye, dysphonia with vocal fold edema, dysphagia, and posterior glottic stenosis.

As a result of her severe burns, Mrs. Wadsworth now has:

1. Hypertrophic scarring
2. Burn scarring: Alopecia
3. Neuropathic pain
4. Pruritis
5. Hands: Fragile skin
6. Foot callus
7. Feet pain
8. Posterior glottic stenosis
9. Suspected PTSD
10. Suspected depression aggravation
11. Suspected cognitive sequelae
 - a. Unable to determine cognitive level (defer to Neuropsychology).
12. Impaired mobility and ADLs due to Physical losses
 - a. Loss of personal care
 - i. Bathing, personal care, etc.
 - b. Loss of community activities
 - i. Unable to participate in community activities
 - c. Loss of vocational activities
 - d. Loss of mobility abilities
13. **Potential Medical Complications to Family Members**
 - a. Depression
 - b. Anxiety
 - c. Poor sleep
 - d. Social Problems

Loss of prior relationships and impeding the ability to meet with others.
 - e. Financial Problems

Loss of the ability to work due to time constraints for care, loss of potential work, and/or to work extra hours for income, and significant out-of-pocket expenses.

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LIFE CARE PLANNING **(Continuation of Care Planning)**

Long Term Future Treatment Planning (Life Care Planning)

A life care plan is an active document based upon published standards of practice, comprehensive assessment, data analysis, and research, that provide an organized and concise plan for current and future needs with associated costs for individuals who have experienced catastrophic injury or have chronic health needs. The life care plan is prepared by physiatrists who possess the requisite training and experience in dealing with individuals with catastrophic problems and have the training to anticipate those long-term needs. *(A Physician's Guide to Life Care Planning: Tenet, Methods, and Best Practices for Physician Life Care Planners: Joe Gonzales, MD: American Academy of Physician Life Care Planners:2017) (International Academy of Life Care Planners, 2003)*

Life Care Planning Goals

Life care planning goals are created and discerned to improve or maintain the clinical state of the patient, diminish secondary complications, provide the projected clinical and physical environment for optimal recovery, and enlist support to the family, as well as prevent unnecessary complications, and afford the individual the best possible quality of life considering their condition. The treatments and care will never return the patient back to pre-injury levels of function or anatomical wholeness. *(International Association of Rehabilitation Professionals: Standards of Practice: 2009) (A Physician's Guide to Life Care Planning: Tenet, Methods, and Best Practices for Physician Life Care Planners: Joe Gonzales, MD: American Academy of Physician Life Care Planners:2017)*

Life care plans should provide an understanding of the complex catastrophic medical problems and associated loss of function as well as physical, medical, emotional, social needs as well as associated costs.

Life Care Planning

Life care planning applies methodological analysis to formulate diagnostic conclusions and opinions with respect to physical and/or mental impairment and disability for purpose of determining care requirements for individuals with permanent or chronic medical conditions and quantify their requirements in monetary terms. These plans objectively identify residual medical conditions and ongoing care requirements and quantify a cost of supplying the requisite, medically related goods, and services throughout the probable duration of care.

Life care planning, at its' most basic, is a three-stage process that consists of (1) collecting facts, (2) formulating opinions, and (3) producing conclusions. *(Gonzales, J.G., & Zotovas, A., 2014, Life Care Planning: A Natural Domain of Physiatry, PM&R, Volume 6, Issue 2, pg. 184-187; International Association of Rehabilitation Professionals, Standards of Practice for Life Care Planners, 3rd Edition)*

Ultimately, the life care plan determines an individuals' condition, the medically related goods and services required, and the costs of these goods and services over time. *(A Physicians Guide to Life Care Planning, Joe G. Gonzales, MD, FAAPMR, CLCP, CPLCP, First Edition, 2017, American Academy of Physician Life Care Planners, pg. 10)*

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The clinical objectives of the life care plan seek to do the following:

1. Diminish or eliminate physical/psychological issues to attain/maintain the highest levels of function for a given individual.
2. To prevent complications that support the individuals' unique physical/mental predisposed conditions.
3. Afford the individual the best possible quality of life despite their condition(s).

The Role of Physiatry in Life Care Planning

A physiatrist by their training and experience can comprehend catastrophic injuries through observations, draw medical conclusions, and appreciate the unique needs of the individual. These independent medical observations are incorporated in this report and documented within the life care plan. *(A Physicians Guide to Life Care Planning, Joe G. Gonzales, MD, FAAPMR, CLCP, CPLCP, First Edition, 2017, American Academy of Physician Life Care Planners, pg. 10 & 17)*

Physiatrists are experts in the medical and physical treatment of disabling illness and injury and have long been recognized as uniquely qualified among medical specialists to provide the scientific and medical foundations essential to the development of life care plans. This is the principal reason non-physician life care providers have sought guidance from physiatrists. *(The Role of the Physiatrist in Life Care Planning: Life Care Planning and Case Management, 3rd Ed., CRC Press, 2010: Chapter 2, Life Care Planning: A Natural Domain of Physiatry. Journal of Injury, Function and Rehabilitation: Volume 6, Issue 2, 2014)*

The unique qualifications of physiatrists afford them capacities that are not possessed by non-physicians, and some cases, non-physiatry based life care planners. These capacities represent significant value to the subjects of life care planning. The physiatrist (1) can medically examine the patient, (2) can formulate medical opinions, and (3) has a unique applicability to life care planning. *((1) Gonzales, J.G., & Zotovas, A., 2014, Life Care Planning: A Natural Domain of Physiatry. PM&R, Volume 6, Issue 2, pg. 184-187; (2) 2014, Life Care Planning: A Natural Domain of Physiatry. Journal of Injury, Function and Rehabilitation: Volume 6, Issue 2)*

It is advantageous for a life care planner to possess the professional and legal capacity to independently formulate medical opinions. A physiatrist's capability, in this regard, places them in a unique position among life care planners, as a majority do not possess the capacity to independently formulate or substantiate the medical foundations of their life care plan. *(The Role of the Physiatrist in Life Care Planning: Life Care Planning and Case Management, 3rd Ed., CRC Press, 2010: Chapter 2)*

Although some life care planners are non-physicians, they do not possess a physician's education, training, skills, or credentials; nor do they possess the professional or legal capacity to do what a physician can when acting as a life care planner as a doctor can independently formulate and defend medical opinions regarding a subject's medical condition, and recommendations for future medical care. *(A Physician's Guide to Life Care Planning: Tenet, Methods, and Best Practices for Physician Life Care Planners: Joe Gonzales, MD: American Academy of Physician Life Care Planners: 2017)*

A physician's capacity to perform medical examinations is, in most cases, outside of the boundaries of the professional licensure of the non-physician. Relative to other medical specialties, physiatrists are particularly well suited to perform medical examinations for the types of cases that require life care planning. Physiatrists are specifically geared towards the provision

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of holistic care and rehabilitation over time, which is exactly what a properly constructed life care plan is designed to address. *((1) Bonfiglio, R.P., 2009, Chapter 2: The Role of the Physiatrist in Life Care Planning, (2) Weed, R.O., and Berens, D.E., 2009, Life Care Planning and Case Management Handbook, 3rd Ed., Boca Raton, FL: CRC Press, (3) Gonzales, J.G., & Zotovas, A., 2014, Life Care Planning: A Natural Domain of Physiatry. PM&R, Volume 6, Issue 2, pg. 184-187)*

Objective Foundations in Life Care Planning

(A Physicians Guide to Life Care Planning, Joe G. Gonzales, MD, FAAPMR, CLCP, CPLCP, First Edition, 2017, American Academy of Physician Life Care Planners, pg. 14-16)

1. Medical Foundation

- a. Review of records.
- b. Identify present and past medications.
- c. Identify social, educational, and work history.
- d. Identify previous and present activities of daily living and recreational endeavors.
- e. Physical, general, neurological, cognitive, orthopedic, and psychological examination.
- f. Identify anatomical impairments and resultant functional loss.
- g. Identify interactions of multiple impairments on each other.
- h. Utilize prior consultants.
- i. Utilize clinical practice guidelines.
- j. Utilize research literature.

2. Rehabilitation Foundation

- a. Review of records.
- b. Identify past and present therapy and, if lacking, then identify that basis.
- c. Identify past, present, and future assistive devices in association with long-term consequences of anatomical impairments with long-term consequences of aging.
- d. Utilize prior consultants.
- e. Utilize clinical practice guidelines.
- f. Utilize research literature.

3. Psychological Foundation

- a. Identify coping strategies through records, patient reports, and family interviews. Patients with chronic conditions often must adjust their aspirations, lifestyle, and employment. Many grieve about their predicament before adjusting to it. But others have protracted distress and may develop psychiatric disorders, most commonly depression and anxiety. These adjustments can be difficult if pre-existing or present difficulties are present (of the general population, 13% of men and 17% of women have an affective disorder).
- b. Anatomical impairments do not occur in a vacuum, but result in pain, sleep consequences, and many losses. These may include independence, body image, financial issues, prior future expectations, aspirations, and social interactions. These result in the need to utilize prior or newly learned coping strategies for the patient, family members, and close caregivers.

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- c. Identify that the various stages of life, in association with aging and the compounding functional changes with additive injuries of overuse or repetitive injuries, will result in variable needs of a lifetime.
- d. Utilize prior consultants.
- e. Utilize clinical practice guidelines.
- f. Utilize research literature.

4. Case Management Foundation

- a. Identify future long-term medical, surgical, equipment, environmental, and personal care needs, and their frequency, in association with anatomical impairments, their interactions with each other, aging with the review of records, published reports, and, when necessary, interview of present treating professionals.
- b. Identify future long-term medical, surgical, equipment, environmental, and personal care needs, their frequency, and costs utilizing researched customary average costs.
- c. Identify life expectancy via actuarial studies.
- d. Utilize prior consultants.
- e. Utilize clinical practice guidelines.
- f. Utilize research literature.

Pricing in Life Care Planning

Life care planners strive to identify the needs of the individual, without regard to funding sources or referral source. Deutsch & Sawyer instruct that, "Plans are individualized to meet the unique needs of each patient. Needs, rather than funding sources, drive the planning process. At no time during the plan development process should budgetary concerns influence care and rehabilitation recommendations." (*Deutsch & Sawyer, 2004*)

The life care plan was designed with the intention of citing all the items and services made necessary by the onset of a disability/injury. Life care plans based upon funding considerations may endanger the health and wellbeing of patients who require more care, equipment, or services than financial resources allow. (*Deutsch, P.M., & Sawyer, H.W. (2004). A Guide to Rehabilitation (Vol I.). AHAB Press, Journal of Life Care Planning, Vol. 18, No. 4, 2020; A Physician's guide to Life Care Planning: Tenants, Methods and Best Practices for Physician Life Care Planners, American Academy of physician Life Care Planners: 2017: Copyright ©2017 American Academy of Physician Life Care Planners, 3801 North Capital of Texas Highway, 240-1005, Austin, TX 78746*)

These fundamental tenets of how a life care plan should be developed are still true today, more than fifteen years after this was originally published. Usual, Customary, and Reasonable Charges should be used in the preparation of life care plans. Professionals are cautioned against utilizing the least expensive pricing or the most expensive pricing, as either choice fails the standard of objectivity. Rather, the life care planner should use what is Usual, Customary, and Reasonable (UCR) in the individuals' geographic area. (*Berens & Weed, 2000; Johnson, Pomeranz & Stettin, 2018; Maniha & Watson, 2018*)

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According to the American Medical Association, Usual, Customary, and Reasonable Charges are defined as follows, (a) a "Usual Fee" refers to what is standardly charged, for a given service, by an individual physician to their private patient. (b) A "Customary Fee" is that which is within the range of Usual Fees currently charged by physicians of similar training and experience, and for the same service within the same specific and limited geographical area. (c) A fee is considered "Reasonable" when it meets the above two criteria and is justifiable considering the special circumstance of the case in question, without regard to payments that have been discounted under governmental or private plans. It is the AMA's position there is no relationship between the Medicare Fee Schedule and UCR fees. (*AMA, Policy H-385.923, 2013, Journal of Life Care Planning, Vol. 18, No. 4, 2020*)

To clarify:

1. Charge = What the physician/provider charges for services rendered.
2. Cost = The actual costs of providing the service(s) with no mark-up.
3. Reimbursement = What the payor source pays for the service(s).

The words cost and charge are often used interchangeably by life care planners with the word cost meaning "charge" only. "The Cuevas Court approved the use of Usual, Customary and Reasonable Pricing, where the range of medical prices for a given service is measured through national price surveys, with the market rate determined at the 80th percentile of actual prices." Therefore, reliance upon quoted negotiated rates in a life care plan may not accurately represent monies required to pay for items in the life care plan. (*Life Care Planning Guiding Document Consensus and Majority Statements Convey #85, Journal of Life Care Planning, Vol. 18, No. 4, 2020, Cuevas, Supra, 11 Cal.App.5th at 182, Journal of Life Care Planning, Vol. 18, No. 4, 2020*)

Best practices for identifying costs in life care plans include (a) verifiable data from appropriately referenced sources, (b) costs identified that are geographically specific when appropriate and available, (c) non-discounted/market rate prices, and (d) more than one cost estimate, when appropriate. (*Johnson, Pomeranz & Stetten, 2018, pg. 17*)

Nominal value is a concept with which every life care planner should be familiar. Simply stated, a life care plan that is quantified in nominal value does not account for inflation, nor any other form of financial or economic adjustment. Life care plans expressed in nominal value quantify the value of medically related goods and services using today's dollars, or the market prices of goods and services as they exist today. Life care planners are asked to determine how much the medically related goods and services will cost over time. "Over time" is the operative concept because time affects costs in the form of inflation. For financial professionals and economists, the question of how to account for time's effect on costs is routine; they simply apply inflation rates to nominal unit costs and calculate inflation-adjusted future values, and they discount those future values back to present values using appropriately risk adjusted rates of return. (*A Physician's guide to Life Care Planning: Tenants, Methods and Best Practices for Physician Life Care Planners, American Academy of physician Life Care Planners: 2017: Copyright ©2017 American Academy of Physician Life Care Planners, 3801 North Capital of Texas Highway, 240-1005, Austin, TX 78746*)

However, life care planners are not financial professionals or economists. Therefore, they are not qualified to formulate or defend financial and economic opinions. Calculations of this kind are

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not rote exercises, as financial and economic professionals choose rates. *(A Physician's guide to Life Care Planning: Tenants, Methods and Best Practices for Physician Life Care Planners, American Academy of physician Life Care Planners: 2017: Copyright ©2017 American Academy of Physician Life Care Planners, 3801 North Capital of Texas Highway, 240-1005, Austin, TX 78746)*

Transparency in Life Care Planning

Transparency is a pillar of the credibility of a life care plan. When a life care plan is the product of a standardized set of best practices with linear reasoning and thoroughness, then transparency produces credibility. Thus, the credibility it produces serves to preemptively answer questions about a life care plan's facts, opinions, and conclusions. Without transparency, it is not possible for a plan to possess a sufficiently strong foundation to meet evidentiary standards, nor is it possible for a plan to evidence proper mechanics, both of which are necessary to credibly substantiate medical damages in personal injury torts. Additionally, the degree of transparency in a life care plan provides an immediate tell as to whether the life care planner is competent, professional, or ethical. *(Physicians Life Care Planning: White Paper: 2014)*

A transparent life care plan includes:

1. A complete synopsis of the medical records.
2. A complete account of the personal interview and physical examination (in cases in which personal interviews/physical examinations are performed).
3. Specific identification of all diagnostic conclusions.
4. Specific identification of all consequent circumstances.
5. Specific identification of all future medical recommendations.
6. Specific presentation of all variables used to perform the plan's cost analysis, i.e., unit prices, frequencies, durations, etc.
7. A complete vendor survey which identifies the specific sources from which unit price information was obtained.

Without transparency, it is not possible for a plan to possess a sufficiently strong foundation to meet evidentiary standards, nor is it possible for a plan to evidence proper mechanics, both of which are necessary to credibly substantiate medical damages in personal injury torts. *(Physicians Life Care Planning: White Paper: 2014)*

Physician life care planners should make every effort to make their data and objective findings, their diagnostic conclusions, their opinions regarding consequent circumstances, their recommendations for future care, their costs analyses, and their cost/vendor surveys so they are easily identifiable, and so completely transparent, that a reasonable response to almost any question about a life care plan could begin as follows, "As it is clearly presented in my work..." *(A Physician's guide to Life Care Planning: Tenants, Methods and Best Practices for Physician Life Care Planners, American Academy of physician Life Care Planners: 2017: Copyright ©2017 American Academy of Physician Life Care Planners, 3801 North Capital of Texas Highway, 240-1005, Austin, TX 78746)*

CPT Codes and Future Services

The CPT code set is constantly updated by the CPT Editorial Panel with insight from clinical and industry experts to reflect clinical practice and the latest innovations to help improve the delivery

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of care. The CPT codes utilized in this report are the best current estimate for necessary future care of the patient. However, the specific CPT codes utilized at the time of services rendered may change due to current procedural needs, clinical needs, or health care innovations at the time that the procedures are provided. (<https://www.ama-assn.org/practice-management/cpt/cptoverview-and-code-approval#:~:text=The%20CPT%20code%20set%20is,improve%20the%20delivery%20of%20care,article%20obtained%20via%20AMA%20website,02-16-2023>)

Cost Reference Source Information

1. **American Hospital Directory** www.AHD.com

The American Hospital Directory provides access to information regarding specific hospitals and their charges for inpatient and outpatient procedures. The information is only displayed if eleven or more of the procedures, or MS-DRGs, have occurred at the specific hospital during a specific time frame.

2. **PMIC Medical Fees (2023)** www.pmiconline.com

PMIC Medical Fees are a listing of medical procedure codes, descriptions, as well as usual and customary rates (UCR) at the 50th, 75th, and 90th percentiles, Medicare fees, and Medicare relative value units. The UCR fees listed are derived from analysis of over 600 million actual charges. "Medical Fees provide complete, accurate, and statistically valid information regarding usual, customary, and reasonable (UCR) charges."

3. **Context4 Healthcare Database (2023)** www.context4healthcare.com

Context4 Healthcare is a trusted, recognized source of Usual and Customary Charge Data to the healthcare industry. Their methodology has been widely accepted in the industry and used by multiple vendors for decades. The Context4 Healthcare's Usual, Customary & Reasonable (UCR) Fee database solves provides both medical providers and healthcare payers a statistically valid tool to help determine reimbursement and billing rates for medical procedures. For each medical procedure code, fees are available for all geographic regions of the United States at multiple percentiles.

The Context UCR has been subjected to intensive evaluation by Oxford Outcomes and Avalon Health Economics. The Oxford Outcomes evaluation concluded, after conducting a thorough review of the Context UCR process, that the Context UCR was "reasonable and consistent with best practices." The Avalon Health Economics blog compares Context UCR methodology with other private and public data sources and states that "the C4H data sourcing is more likely to provide representative data compared to other common sources of fee data."

4. **VA Reasonable Data Charges (2023)** <http://VA.gov/cbo/apps/rates/index.asp>

According to the website, "Reasonable Charges are based on amounts that third parties pay for the same services furnished by private-sector health care providers in the same geographic area." These charges represent the 80th percentile of total costs.

5. **Real Estate Values**

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All costs pertaining to the valuation of homes in a particular area is obtained using the median price derived from Recently Sold Homes in a particular area via data of public record (including MLS, [Realtor.com](https://www.realtor.com), [Zillow.com](https://www.zillow.com), etc.). A traditional Cost Market Analysis (CMA) is used by Realtors to assess the current market values for homes sold in a particular area and is ideally designed to extend up through the prior six months for accuracy. However, due to the specific needs of the patient, the area in which they live or might need to move to, this research may extend up to twelve months prior in to satisfy the prescriptive care of the life care plan.

Discussion of Burns

The skin is the body's largest and primary protective organ. It is the first physical barrier humans have against the external environment. Skins' functions include temperature regulation, allowing smooth movements of the body, sensory perception, immunologic surveillance, involvement in the process of Vitamin D production, control of insensible fluid loss, and homeostasis in general.

A burn is damage to skin and tissue brought by heat, chemicals, electricity, radiation. Burn severity is based on its size and depth. A severe burn is one that encompasses more than 20% of total body surface area in adults (excluding superficial burns and could be less in older adults and young children), is a chemical or high-voltage electric burn, or is complicated by major trauma or inhalation injury. An early cause of acute mental status changes in burn patients is related to inhalation injury and exposure to toxic gases. Severe burns result in the development of an extremely dysregulated inflammatory response and will usually require initial care in a specialized burn unit. Despite major advances in the treatment of patients with burn injury, systemic complications and burn wound-specific complications are common. Acute complications after severe burns may include shock, hypermetabolic state, immune dysregulation, infection, sepsis, multiple organ failure and death. However, due to advances in care, survival after a burn is the expected outcome. Burn injuries results in lifelong physical and psychological scarring.

Following any insult to the deep dermis, excessive scarring may arise. Pathological scars are very common after burns. These cause pain, pruritus, and contractures and detrimentally affect the quality of life of people with burns, both physically and psychologically. Silicone sheets and gel formulations and compression garments are used to prevent or reduce the risk of hypertrophic scars as prevention is more efficient than treatment of a scar. However, once hypertrophic scars have formed, scar modification treatments need to be considered. Management options include intralesional injection therapies, laser therapy, scar massage, contracture release, surgical scar excision and reconstruction. Scar treatment needs to be personalized as no one method of will provide scar reduction, alleviate symptoms and/or improve function for every patient. Surgical interventions should generally be delayed for at least one year as hypertrophic scars may improve as they mature.

Additionally, patients who survive severe burns have muscle weakness many years after. Severely burned patients also present heat and cold sensitivity, joint pain, sleep disruption, body image

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and sexuality issues. Depression and post-traumatic stress disorder (PTSD) are the most common psychologic problems. Anxiety may also occur. The psychological impact occurs not only to the burn injured but to their family.

Burn survivors have a decreased quality of life and struggle for a long time to adjust to their new life. Management of a patient with a severe burn injury will be a long-term process that not only addresses the local burn wound but also the systemic, psychologic, and social consequences of the injury. Long term, focus shifts to reduce chronic pain, improve cosmesis and manage the profound psychological consequences. Burn wounds are chronic and requires extended surveillance. *(Gauglitz GG and Williams FN: Overview of the management of the severely burned patient: In Up to date: Accessed on April 29, 2024; Gauglitz GG and Williams FN: Up to date: Overview of complications of severe burn injury: In Up to date: Accessed on April 29, 2024; Jeschke MG et al: Burn injury: Nat Rev Dis Primers 2020: 11; Zwierello WZ et al: Burns: Classification, Pathophysiology, and Treatment: A Review. Int. J. Mol. Science: Feb 2023: 3749; Rimmer RB and Foster KN: Life Care Planning for the patient with Burns: In Life Care Planning and Case Management Handbook Chapter 21)*

Physical Demands

The consequences of burn trauma and its complications produce, to varying degrees, reduced levels of function in sitting, standing, walking, reaching, holding, pushing, and pulling. These capabilities will further decline with aging. The process of growing older with a disability has an impact on the individual, and in how the family functions in society. *(Molnar, G., and Alexander, M.A., 1999, Pediatric Rehabilitation, 3rd ed., Philadelphia: Hanley & Belfus, Chapter 9: Cerebral Palsy)*

Individuals with disabilities not only have to struggle with physical and cognitive impairments, but also with the social implications and perceptions of others. As such, the topic of aging with a disability has emerged as an area of extensive research. Dealing with medical concerns related to aging with a disability requires understanding of the primary and secondary conditions of the diagnosed disorder, the impact of health and rehabilitative potentials and services, as well as advances made in medical care. *(Riddick-Grisham, S., and Deming, L., 2004, Pediatric Life Care Planning and Case Management, Boca Raton, FL: CRC Press. Chapter 5)*

Associated Responses to Anatomical Impairment

Associated responses to anatomical impairment result in pain, psychological disturbance, and social upheaval. Anxiety, depression, anger, and fear influences the adjustment to musculoskeletal injuries, and impact overall health. With each passing decade of life, the sustained injuries and associated traumas will result in a further decline in abilities. Concurrently, the potential for new symptoms and medical complications are probable. With aging, the exacerbations of chronic pain and discomfort will result in acute flare-ups, requiring short courses of outpatient rehabilitation services, injections, oral medications, and possibly involve further surgical interventions.

Adjustment to Pain & Resultant Psychological Reactions: Cognitive Reframing

Life is comprised of many preconceived and often unconscious expectations and assumptions that are forced by society. These assumptions and expectations define the way life is thought to

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be. Usually, these rules are blindly accepted because they fit with the way one was reared, or because it is conforming to societal norms. When living with a chronic health condition, one is often no longer capable of living within these same definitions. Life is not the way it was thought to be or planned. This can create a great deal of distress for the chronically ill individual, resulting in a lack of ability to create effective solutions, a loss of self-esteem, guilt, shame, increased stress, depression, and even more damage to an already impaired level of health in trying to live up to unrealistic expectations.

To counteract this scenario, a powerful tool called “cognitive reframing” may be used. This can help one to cope more effectively, manage symptoms and life, reduce stress levels, and incorporate goals to find peace and contentment within new circumstances. Cognitive reframing techniques consist of changing the way life is viewed and finding other ways of interpreting and approaching situations and circumstances. This requires the examination of unconscious expectations that have been internalized and are no longer working.

Some examples of the “truths” that may need to be examined include:

- a. A definition of health.
- b. How often the house needs to be cleaned.
- c. The type of breakfast to eat.
- d. What kind of job to have.
- e. The clothing that is necessary to wear.
- f. The number of hours that can be worked.
- g. A definition of what is “normal.”
- h. The image that one feels they must portray.

A patient’s truths are likely to contain many ideals that define a necessary way of life. But if examined more thoroughly, the way life is lived is not written in stone. Instead, the individual must acknowledge that their prior definitions are those that society has created, and that often these may not even be a part of a healthy lifestyle. Cognitive reframing requires a person to let go of the expectations of others. The patient must understand that society’s definition of what is deemed as “normal” no longer fits, and that their new lifestyle consists of finding ways to adapt and fit specific special needs. They must recognize the new limitations that are a part of life and live within them, rather than resist them. The patient must learn to create realistic expectations based upon their condition, and allow for modifications, substitutions, and adaptations to specific special needs.

The amounts of limitations that one has incurred will determine the amount cognitive reframing that may need to be utilized. For an illness that demands a lot of life changes, a complete restructuring of personal identity, relationships, social life, diet, and lifestyle is likely to occur. The patient must try to look for positives gained due to the new circumstances created by the health condition. What lessons have been learned? What has been gained? This does not include a minimization or repression of the pain, suffering, and losses that the patient has endured.

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A new definition of health must be created. Healthy does not necessarily mean an absence of illness but living as completely and fully as possible in spite of limitations. It requires the embracing of all experiences (both positive and negative) and finding peace, balance, and contentment amid compromising circumstances. The patient must work to view their health condition as a companion, rather than as a hindrance or as an enemy.

Multidisciplinary Programming and Pain Management

Medicine many times cannot “cure,” but can only “manage.” Diseases including hypertension, asthma, seizures, and coronary artery disease are not cured once found, but managed with lifestyle and physician care. Likewise, many orthopedic and neurologic disorders are not curable. Chronic pain may originate with an initial trauma, injury, infection, or an ongoing cause of pain. Although it would be simpler if all pain complaints were generated from a chronic painful illness of the same structure (such as a single herniated spine disc), it is more common that multiple pain generators contribute to a single chronic pain complaint. *(Lester, DD, and Litwack, R, 2009, Chapter 17: Life Care Planning for People with Chronic Pain; Weed, RO, and Berens, DE, 2009, Life Care Planning and Case Management Handbook, 3rd ed., Boca Raton, FL: CRC Press)*

Multidisciplinary chronic pain management programming often includes, but is not limited to, input from a variety of specialists.

1. Primary Care Physician (PCP)
2. Physician Pain Management: Neurologists, Rheumatologists, Orthopedists, Physiatrists, Anesthesiologists, Psychiatrists, and Surgeons
3. Pain Management Rehabilitation: Physical and Occupational Therapists
4. Emotional Pain Management: Psychologists, Social Workers, Family Counselors
5. Day-to-Day Treatment: Registered Nurses, Dieticians, Support Staff
6. Pain Management Coordinators: Case Managers
7. Pharmacological Management: Pharmacists
8. Return-to-Work Rehabilitation: Vocational Counselors

These specialists work together to coordinate and review the care and progress of the patient on a scheduled basis in order to facilitate processes of focus towards the highest functioning level and wellbeing of the individual. Evidence reveals that multidisciplinary treatments for chronic pain are superior in effectiveness as compared to no treatment, being held on a waiting list, or in single-discipline treatments, such as medical treatment or physical therapy. Moreover, the effects appear stabilize over time. The beneficial effects of multidisciplinary treatment are not limited to singular improvement in pain, mood, and interference, but extend to behavioral variables, such as returning to work or the use of the health care system. *(Flor, H, Fydrich, T, Turk, DC, May 1992, Efficacy of Multidisciplinary Pain Treatment Centers: A Meta-Analytic Review, Pain, 49 (2): 221-30)*

A physician’s first approach in working with the patient, and their chronic pain, is to improve their functional status through the design of attainable functional goals, rather than beginning treatment to improve the patient’s symptomatology via treating chronic pain with opioids. The patient should feel that they are incorporated into a shared decision-making process, one that explores all appropriate treatment options, results in clearly defined functional goals, and overall

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improved quality of life. This could include the use interventional procedures and/or chronic Opioid therapies. *(Position Statement: American Academy of Physical Medicine and Rehabilitation: Volume 10, Issue 6, June 2018)*

Compelling scientific evidence shows that the use of physical therapy, behavioral health management, non-Opioid medications, and interventional procedures may be better treatment options when compared to long-term opioids alone. *(Position Statement: American Academy of Physical Medicine and Rehabilitation: Volume 10, Issue 6, June 2018)*

The current Opioid epidemic is one of most devastating public health threats to our society. In addition, pain medicine recognizes that chronic pain causes suffering for more than 100 million Americans. Goals should be managed in order to avoid adverse events associated with Opioid usage. These include signs of addiction, misuse, abuse, diversion, or death. Pain management strives to mitigate over prescribed medication, as well as to reduce the stigma when undergoing treatment of chronic pain. *(Position Statement: American Academy of Physical Medicine and Rehabilitation: Volume 10, Issue 6, June 2018)*

The American Academy of Physical Medicine and Rehabilitation is a strong advocate for patients in the understanding and utilization of multimodal treatments for pain. However, they further indicate that payers need to review their policies in order to increase the availability of evidence-based, multimodal, non-Opioid pain management treatments. *(Position Statement: American Academy of Physical Medicine and Rehabilitation: Volume 10, Issue 6, June 2018)*

Work Expectations

Anatomical problems and long-term associated traumas from abnormal postures, overuse, and subsequent micro-traumas (as a natural progression), will result in long-term limitations of work activities for a lifetime. Reaching overhead, bending, twisting, lifting, and carrying are limited to light, sedentary duty with frequent positional changes necessary. Retraining in work activities that are desk, or light-duty is required. The remainder of vocational activities will necessitate modification from prior work and will require a vocational counselor for support in the evaluation of physical and cognitive abilities, aptitudes, interests, as well as in training and integration back into the workforce.

Pain and poor restorative sleep are severe and variable from day-to-day. Therefore, simple 9:00am-5:00pm employment is an unlikely possibility without profound adaptations for scheduling, posturing, and (physical) workplace environment. Many work capabilities may also be precluded due to significant lost time due to injury and subsequent traumas.

Future Needs

Ms. Wadsworth's future medical care, support services, and durable medical equipment are defined and based on multiple factors.

1. The review of medical records.
2. The history obtained.
3. The physical examination.

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4. Pricing research from local vendors, catalogs, and other current sources.

Physicians

1. **Surgeon: Burn Specialist**

Burn patients need the highly specialized services of medical treatment utilizing a multidisciplinary team approach, usually at a burn center. A burn center is a specialized facility usually affiliated with a hospital that provides advanced care and treatment for patients with severe burn. A burn surgeon examines, diagnoses and treat patients with burns from heat, cold, chemical, or electrical incidents and performs escharectomies, skin grafting, and secondary burn surgeries. The burn surgeon will determine which instruments and method of surgery will be the most successful in achieving desired outcomes.

2. **Plastic Surgery**

Plastic surgery is a surgical specialty involved with both the improvement in a person's appearance and the reconstruction of facial and body tissue defects due to illness, trauma, or birth disorders. Plastic surgery restores and improves function, as well as appearance.

3. **Hair Transplant Specialist**

After the management of life-threatening problems has concluded, wound healing has been completed, and functional deficits have been addressed, attention needs to shift to aesthetic concerns. Hair loss from previously hair-bearing areas of the head and neck is hard to hide with clothing. It has significant impact on the self-esteem and quality of life of patients and act as a constant reminder of the causative traumatic incident. A hair transplant specialist is needed for hair transplantation and/or non surgical treatments such as semi-permanent micro-pigmentation tattooing, particularly for eyebrows.

4. **ENT**

Otolaryngologists are physicians trained in the medical and surgical management and treatment of patients with diseases and disorders of the ear, nose, throat. ENT is needed to monitor Mrs. Wadsworth posterior glottic stenosis.

5. **Ophthalmology**

An ophthalmologist diagnoses and treats all eye diseases, performs eye surgeries, and prescribes/fits eyeglasses and contact lenses to correct vision problems. An ophthalmologist is needed to monitor Ms. Wadsworth vision as she sustained bilateral corneal abrasions and thermal corneal injury to the left eye during a house fire.

6. **Physiatry Services**

A physiatrist is a physician specializing in physical medicine and rehabilitation. They treat a wide range of disorders, for example, relating to damaged bones, muscles, and nerves, and focus on restoring function to people. Physiatrists modulate and organize any

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rehabilitation programs, including physical therapy and occupational therapy, in addition to additional specialties, such as pain management. Since no two patients have the same disabilities associated with different physical impairments, the physiatrist addresses each patient's specific needs. (*American Academy of Physical Medicine and Rehabilitation (2016), What is a Physiatrist? Retrieved from <http://www.aapmr.org/about-physiatry/about-physical-medicine-rehabilitation/what-is-physiatry>*)

7. **Internal Medicine**

Evaluates and manages general health, medication regimens, etc. More frequent general medical care is required above and beyond normal routine office visits.

8. **Psychiatry**

Psychiatrists are certified in treating psychiatric conditions and may prescribe psychiatric medication, conduct physical examinations, and order and interpret laboratory tests. Burn injuries result in physical effects, but also lifelong psychological scarring including depression, post-traumatic stress disorder (PTSD), and anxiety. The psychological impact occurs not only to the person with burn injury but to their family as well.

Other Health Care Providers

1. **Psychology Services**

Burn survivors have a decreased quality of life and struggle to adjust to their new life. Care management for a patient with a severe burn injury is a long-term process that not only addresses the local burn wound but also the systemic, psychologic, and social consequences of the injury.

Psychologists help mentally and emotionally disturbed clients adjust to life, help medical and surgical patients deal with illnesses or injuries, and help people deal with times of personal crisis or life changes. Additionally, they interview patients, give diagnostic tests, and provide psychotherapy for the individual, family, or group psychotherapy. Given the duration of life expectancy, the multitude of potential emerging stressors over time and among the patient, family, and potential long-term caregivers, no specific treatment duration is defined. (*Turner, J, and Kelly, B, February 2000, Emotional Dimensions of Chronic Disease, Western Journal of Medicine, 172(2): 124-128*)

2. **Physical Therapy**

Physical therapists evaluate and diagnose movement dysfunction. They use interventions, including therapeutic exercise, functional training, manual techniques, assistive and adaptive devices and equipment, as well as physical agents and electrotherapeutic modalities

3. **Occupational Therapy**

Occupational Therapy uses treatments to develop, recover, or maintain daily living and work skills. The therapist helps the client not only to improve their basic motor functionality and reasoning abilities, but also teaches to compensate for any permanent

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loss of function. The overall goal is to assist patients to acquire more independence, and experience more productive, satisfying lives.

4. Speech and Language Pathology

These therapists work with people who cannot produce speech sounds or cannot produce them clearly; those with speech rhythm and fluency problems, such as stuttering, people with voice disorders, such as inappropriate pitch or harsh voice, those with problems understanding and producing language, and those with cognitive communication impairments, such as attention, memory, and problem-solving disorders. They also work with people who have swallowing difficulties.

5. Podiatry

Podiatrists are medical specialists who help with problems that affect feet and lower legs. They can treat injuries as well as complications from ongoing health issues.

6. Nutrition Services

A nutritionist is an expert in the use of food and nutrition to promote health and manage diseases. These specialists advise people on what to eat in order to lead a healthy lifestyle or achieve a specific health-related goal. Additionally, burn survivors have special dietary needs to support proper nutrients for the body to aid in wound healing.

7. Neuropsychology

Neuropsychology is the branch of science that studies the physiological processes of the nervous system and relates them to behavior and cognition, in terms both of their normal function and of the dysfunctional processes associated with brain damage.

8. Vocational Rehabilitation

Vocational rehabilitation counselors help people with disabilities live fuller, more independent lives by assisting them in securing gainful employment. Their clients are people coping with physical disabilities and injuries, mental illness, psychological disorders or substance abuse problems. These counselors often work directly with clients as well as their families, doctors, speech therapists, physical therapists, psychologists, and other service providers in order to optimize a client's readiness for work. A vocational rehabilitation counselor's job includes the following elements:

- a. Assessing the client's capabilities and limitations.
- b. Working with the client to set goals for employment and independent living.
- c. Arranging the necessary training and therapy to meet those goals.
- d. Facilitating job training and placement.
- e. Assisting in the job application process.
- f. Providing mock interviews and other application training.
- g. Serving as an advocate in cases of employment or workplace discrimination.
- h. Helping people with disabilities find meaningful work serves to increase their independence and social interconnectedness.

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Medications

Pharmacological agents are used with pain disorders. Anti-inflammatory medications decrease tissue swelling. Pain medications include non-opioids, short-acting opioids, and oral and topical timed-release opioids, which may be utilized singularly or in combination. Persistent pain results in diminished serotonin levels with resultant depression on a chemical basis. Pain often results in associated muscle spasms, and medication is often required to relax muscles.

1. Pain Medications
 - a. NSAIDs Examples: Mobic, Celebrex
 - b. Opioid Examples: Oxycodone, Tramadol
2. Muscle Relaxants
 - a. Examples: Zanaflex, baclofen for muscle spasms
3. Emotional Stability Medications
 - a. Examples: Lexapro, Prozac, Klonopin, Duloxetine
4. Sleep Medications
 - a. Examples: Ambien, Lunesta
5. Topical Analgesics
 - a. Examples: Lidoderm
6. Neuroleptics
 - a. Examples: Neurontin, Lyrica

Imaging Studies

Given the significant musculoskeletal injuries and surgeries, future needs for monitoring these problems, as well as a more than probable need for future surgical procedures, imaging studies will be mandated as follows (but not to exclude additional studies).

1. Right and Left Shoulder X-Rays
2. Right and Left Shoulder MRIs
3. Right- and Left Hand X-Rays
4. Right- and Left Hand MRIs
5. Right and Left Foot X-Rays
6. Right and Left Foot MRIs

Laboratory Testing

The need for long-term medication will result in yearly monitoring.

1. Anemia/Hematopoietic System: CBC
2. Renal System: Renal Profile
3. Liver Function: Liver Profile: Total Protein, Enzymes

Medical Equipment and Skin Protection

1. Moisturizers

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2. Sun Protective Clothing and Sunscreen



3. Cut Protection Gloves



4. Adjustable, Elevating Head of Bed: Used as a Bed, Chair, Patient Weight Side-to-Side Roll

- i. PRESENTLY NOT PROVIDED



5. Shower Chair

- i. PRESENTLY NOT PROVIDED



6. Assistive Reacher

- i. PRESENTLY NOT PROVIDED

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7. Walker

- i. PRESENTLY NOT PROVIDED



8. Scooter and Scooter Backpack

- i. PRESENTLY NOT PROVIDED



9. All-Terrain Scooter

- i. PRESENTLY NOT PROVIDED



10. Portable Ramps

- i. PRESENTLY NOT PROVID



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Transportation

Lifelong modified transportation is required.

1. Full-Sized Van with Modification(s)

These modifications may include, but are not limited to, a raised roof and/or door, an automatic ramp/lift, an emergency portable ramp, and electric tie downs.

2. Emergency Roadside Assistance

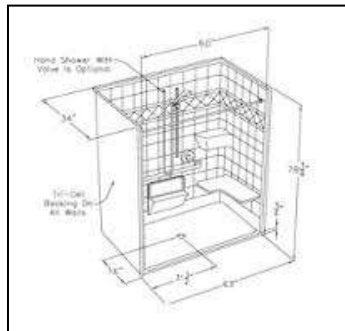
Required for immediate assistance given the seriousness of roadside hazards.

Home Modifications

A single-level, barrier-free home is REQUIRED. Modifications should include widened hallways, widened doorways, smooth floor coverings, and a handicapped accessible bathroom.

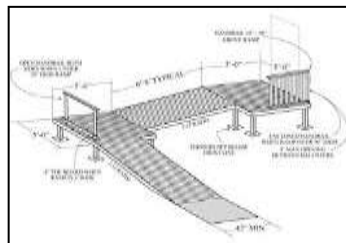
1. Roll-in Shower with Handheld Showerhead

i. PRESENTLY NOT PROVIDED



2. Wheelchairs Ramps → Both Front and Back Entrances

a. PRESENTLY NOT PROVIDED



3. Garage or Carport with Wheelchair Accessibility

a. PRESENTLY NOT PROVIDED



4. Push-Button Alarm for Emergency Services

a. PRESENTLY NOT PROVIDED

5. Electric Door Openers

a. PRESENTLY NOT PROVIDED

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Household Responsibilities

(<https://www.bls.gov/tus/Bureau of Labor Statics: June 28, 2018>)

1. Household Activities

On an average day, 84% of women and 68% of men spent some time doing household activities such as housework, cooking, lawn care, or financial and other household management. On the days they did household activities, women spent an average of 2.6 hours on these activities, while men spent 2.1 hours. On an average day, 19% of men did housework, such as cleaning or laundry, compared with 49% of women. 46% of men did food preparation or cleanup, compared with 69% of women. Men were slightly more likely to engage in lawn and garden care than were women, 11% compared to 8%. From 2003-2017, the share of men doing food preparation and cleanup on an average day increased from 35-46%. On average, men from age 15-75+ performed activities for 1.41-2.18 hours/day or an average of 1.7 hours/day). On average, women from age 15-75+ performed activities 2.1-2.71 hours/day or an average of 2.4 hours/day.

2. Light Housekeeping

Personal care companies can provide personal care as well as light housekeeping; however, state regulations require that caregivers spend 80% of their time in direct interaction with the person they are caring for and not on tasks that fall under the category of housekeeping. Light housekeeping, as part of a homecare service, is offered and restricted to the client and those areas used by the client. Typically, that means the kitchen, living room, bedroom, and bathroom. The 20% non-direct care can include laundry, changing linens, errands, home organization, shopping, meal preparation and cleaning up, activities to encourage exercises. It does NOT include heavy-duty cleaning tasks that require moving heavy furniture, washing windows, cleaning carpets, or scrubbing floors. Nor does it cover outside chores, such as shoveling snow off sidewalks, raking, or mowing the grass. (<http://www.homesweethomecareinc.com/caregiving-training-education/what-is-in-home-elder-care/light-housekeeping/#:~:text=In%20a%20nutshell%20light%20housekeeping,cleaning%20carpets%2C%20or%20scrubbing%20floors>)

3. Care of Household Children

Primary childcare is defined as childcare that is performed as a main activity, including the provision of physical care or activities like reading to a child. The following are average amounts of time that adults, both women and men, spent with differently aged children in primary childcare.

In households with children under the age of 6, adults spent an average of 2.1 hours per day providing primary childcare. These adults spent more time providing primary care on an average weekday (2.2 hours) than on an average weekend day (2.0 hours). Additionally, women spent 1.1 hours providing direct physical care (i.e., bathing, feeding) to household children in contrast to men, who spent approximately 26-minutes providing direct physical care.

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Secondary childcare is defined as childcare that adults perform while doing other activities than providing primary care. Adults living in households with at least one child under age 6 spent an average of 5.4 hours per day providing secondary childcare. This was most commonly performed while doing leisure (2.0 hours) or household (1.4 hours) activities. In comparison, in households where the youngest child was between the ages of 6-17, adults spent approximately 50-minutes per day in primary care needs. They also spent less time providing secondary childcare on weekdays (4.5 hours) than on weekend days (7.5 hours).

Discussion of Loss of Parental Consortium

The term Parental Consortium refers to normal benefits received by a child from his parent, i.e., care, society, and companionship. When a parent is injured or disabled, their childcare may be offered differently than prior to injury. A child may experience the loss, deprivation, or impairment of parental support, guidance, companionship, and nurturing care and may suffer emotionally, financially, and practically. (<https://repository.law.uic.edu/cgi/viewcontent.cgi?article=2350&context=lawreview#:~:text=1.,%2C%20and%20sexual%20rela%2D%20tions>)

Loss of parental consortium can come for a range of damages, including:

- Emotional and Psychological Distress
The emotional impact and mental suffering experience by a child due to the absence or diminished presence of the parent.
- Loss of Guidance and Advice
The child's loss of parental guidance, advice, and mentorship in various life matters.
- Loss of Companionship
Lack of companionship and bonding that a child would have otherwise enjoyed with the parent.
- Loss of Nurturing and/or Care
The absence of the parent's care, support, and nurturing, which can include day-to-day parenting, education, and moral guidance.
- Loss of Financial Support
Loss of financial support and benefits that the child would have received had the parent not been injured or disabled.

Protocol for the Replacement of Equipment

Life care planners are continually questioned regarding concerns for the replacement, frequencies, and variabilities in equipment. This is due to the individuals use of assistive technology and durable medical equipment. Irmo Marni, PhD, surveyed 101 assistive technology practitioners with over 10 years of experience from across the continental United States (2006). Frequency data was analyzed in terms of ranges, equipment median life expectancy, replacement parts for equipment, as well as current price ranges for equipment, repairs, and maintenance. (*Irmo, Journal of Life Care Planning: Vol 4, NO 4: 173-183, 2006*)

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EXAMPLE Assistive Technology Life Expectancy Average Replacement <i>(Irmo, Journal of Life Care Planning: Volume 4, No 4: 173-183, 2006)</i>		
EQUIPMENT	RANGE OF REPLACEMENT	MEDIAN RATE OF USAGE & DURABILITY
Power Wheelchairs	2 - 8 Years	5 Years
Batteries	9 - 30 Months	1.5 Years
Tires	6 - 48 Months	1.5 Years
Manual Wheelchairs	2 - 7 Years	5 Years
Tires	6 - 46 Months	1.5 Years
Power Scooters	3 - 7.5 Years	5 Years
Batteries	9 - 36 Months	1.5 Years
Tires	11 - 60 Months	2 Years
Commode Shower Chair	2 - 7.5 Years	4.6 Years
Hoyer Lift	3 - 10 Years	7 Years
Hoyer Lift Slings	1 - 5 Years	3 Years
Power Track Ceiling Lifts	7 -10 Years	7 Years
Hospital – Power Bed	3 - 12.5 Years	7 Years
Mattress	1 - 6 Years	3 Years
Respirator Equipment	3 - 5 Years	4 Years
Computer Base & Receiver, Environmental Control Units	4 Years	4 Years
Walkers Trainers, Standing Frames	3 - 5 Years	4 Years
Cushions	2.5 - 3 Years	3 Years

One controversial factor in life care plans has been the replacement schedule allowances for appropriate equipment. It is fundamental that all equipment has a usable life expectancy. This is especially true for major purchases such as beds, pressure support systems, and wheelchairs. *(Life Care Planning and Case Management Handbook: to Role of Rehabilitation Equipment Specialist in Life Care Planning: Third Edition)*

Contributing factors to the replacement for equipment can include the age of the patient, their environment (urban, suburban, rural, skilled nursing care facility, etc.), patient behavior (self-propelled, self-stimulating, athetoid, hyperactive behavior), body type (over 300 pounds, very ataxic, height, tone, etc.), and lifestyle (highly active, need for wheelchair locks for van or school bus, etc.).

It is generally accepted that the life expectancy of a piece of equipment should be at least twice the manufacturer guaranteed coverage. However, as noted above, this can vary depending upon the patient, their specific needs, and day-to-day activities. *(Journal of Life Care Planning: Rehabilitation Equipment)*

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Needs in Life Care Planning: Setting Standards of Protocol for Replacement of Equipment: 2001: 1:4 275-284, & Journal of Life Care Planning: Technologies Impact on Life Care Planning: 2006: 4:4 161-172)

There are differences between the behaviors of equipment users. Children or adults with cognitive deficits may, knowingly or unknowingly, be very rough on equipment. This includes instances of throwing an item down (voice synthesizers, adaptive computers), careless banging against walls (wheelchairs), or letting others (children) play with equipment, such as power wheelchairs. (*Amsterdam, Journal of Life Care Planning: Volume 4: 275-284: 2003)*

Likewise, lifestyle differences are important factors to consider, as well as the activities in which patients are engaged in with equipment. Persons using a sport wheelchair (i.e., wheelchair basketball, marathon activities) naturally subject their equipment to a great deal of wear and tear. Obese patients, despite tendencies of being more sedentary, can increase stress placed upon their wheelchairs, van lifts, Hoyer lifts, ceiling track lifts, as well as power beds, impacting the replacement schedule of said equipment. (*Amsterdam, Journal of Life Care Planning: Volume 4: 275-284: 2003)*

Durability of equipment at home, as compared to school or work, also results in different life expectancies with assistive technology. Rural environments, with unstable surfaces such as ground and rocks, may also have a negative impact on equipment life expectancy. Life care planners need to consider the specific needs of each patient, and base merits upon factors such as age, weight, equipment use (including frequency of use), regional environment, type of equipment, and specific disability. (*Irmo, Journal of Life Care Planning: Volume 4, No 4: 173-183, 2006)*

Discussion of Life Expectancy

A life expectancy is a complex subject that meshes a cohort of a given age with the arithmetic mean of the actual survival time for the entire group. A more useful term is the “median survival time.” This is the middle survival time for a cohort, or when 50% of the cohort has died. (*www.internationalbrain.org/articles/life expectancy/ Michael Barns, MD)*

The methodology utilized in this report includes a review of medical records, personal examination of the patient, a home evaluation with interview of family members. It also includes the milieu in which the patient resides including previous work history, social and economic capabilities, and circumstances, as well as the predictive value for financial ability to obtain required physical, emotional, and medical needs. No one statistical data source may define a life expectancy and the examining physician utilized training, life experiences with similar injuries and environmental situations.

Adjustments to life expectancy can have a tremendous impact on the quantitative conclusions of a life care plan. In most catastrophic cases adjustments to life expectancy systematically affect a plan’s forecasted duration of active medical treatment (*Physicians, Life Care Planning LLC: White Paper: 2014)*

Krouse proposed a theoretical model to account for the full range of factors related to risk of mortality. The model includes several sets of predictive factors, including (a) biographic and injury related, (b) psychological, (c) environmental, (d) behavioral, (e) health and secondary conditions.

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Health and secondary conditions are the strongest predictors of mortality, followed by behaviors, and environmental and psychological factors (the latter two sets of factors are viewed on a parallel plane). In essence, each set of factors explains for an increasing variation in mortality, in addition to that accounted for by the biographic and injury factors. *(Krause JS. Secondary conditions and spinal cord injury: A model for prediction and prevention. 1996;2: 217–227)*

Prediction of life expectancy in a life care plan is a complex task. Although age and injury severity are important considerations, they represent a starting point rather than a conclusion. Additional factors are critical to the prediction. Income is an important proxy factor that is present in nearly all life care plans, at least those cases where litigation is successful. Other factors, such as psychological and environmental characteristics, health behaviors, and overall health are also important in the prediction. However, these are much more difficult to consider in Life Expectancy estimates for life care plans, as these. *(Krause JS, Saunders LL. Life Expectancy Estimates in the Life Care Plan: Accounting for Economic Factors J Life Care Plan. 2010;9(2):15)*

A life care plan which is formulated to accomplish the clinical objectives of life care planning is designed to mitigate the effects of these factors, and therefore, the prospective effects of such mitigation should be considered when formulating adjustments to life expectancy. *(Physicians, Life Care Planning LLC: White Paper: 2014)*

General population life tables incorporate nearly every influence on mortality, no matter how large or small. Krause & Saunders (2013) observed that standard life tables included healthy adults as well as those with typical representative ranges of health conditions, behaviors related to health, and access to health care services observed within the general population, and thus “they do not represent estimates for only healthy adults or those who do not report significant health behavioral issues (e.g., smoking).” *(Krause, J. S., & Saunders, L. L. (2013). Utilizing research to Determine Life Expectancy: Applications For Life Care Planning. Journal of Life Care Planning, 12(1), 51-9)*

Factors that will reduce life expectancy include immobility, incontinence, swallowing difficulties, seizures, and cognitive damage. Subjective factors that reduce life expectancy include nursing care, environmental setting (home or institution), and/or poor multiple disciplinary care.

1. Economic and social status effect health status (for patient and caregivers). *(www.traumaticbraininjury.net, Williams, David 2006 and Willis, Diane 2002)*
2. Poor health practices due to cognitive problems (for patient and caregivers). *(www.traumaticbraininjury.net, Williams, David 2006 and Willis, Diane 2002)*
3. Limited resources/insurance coverage for healthcare (for patient and caregiver). *(www.traumaticbraininjury.net, Williams, David 2006 and Willis, Diane 2002)*
4. Greater need for Durable Medical Equipment and inability to obtain (for patient and caregiver). *(www.traumaticbraininjury.net, DeJong, 1997)*
5. Caregivers experience aging issues affecting their ability to help. *(www.traumaticbraininjury.net)*
 - a. Ability to access appropriate care decreases with aging.
6. Caregiver Variability *(Rosalynn Carter Foundation, National Quality Care Coalition, University of Florida 2006)*
 - a. Age and gender of caregivers.
 - b. Health problems of caregivers.
 - c. Physical capacity of caregivers

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- d. Financial abilities
 - e. Limited resources
 - f. Disability or death of caregiver(s)
 - g. Physical dependency on others
 - h. Burnout of caregivers (*NRI Outcome Study 1993-2006, NRIO Outcome Study 1993-2006*)
 - i. 75% of TBI caregivers are female, older than the average population, and with household income below national averages. (www.traumaticbraininjury.net, *Decima 2002*)
 - ii. Wives of men with TBI experience greater distress, emotional and physical adjustments than wives of men with SCI. (www.traumaticbraininjury.net, *Levor and Jensen, 2000*)
 - i. Duration of disease or disability is a strong predictor of mental health problems in caregivers. (www.traumaticbraininjury.net, *Carter 1998*)
 - j. Caregivers report mental distress and poor health 46% more than non-caregivers. (www.traumaticbraininjury.net, *Rosalynn Carter Institute, National Quality Care Coalition, University Florida 2006*)
 - k. Acute disability or death of caregiver.
 - l. Abrupt transition of care.
 - i. Finding family members or paid caregivers to assume care responsibilities
 - m. Economic upheaval
7. Nursing Home/LTAC Care Variability
(www.ncbi.nlm.nih.gov/pmc/articles/PMC491141, *Nursing Home Levels of Care: Problems and Alternatives: Health Care Finance Rev: 1980Fall: 2(2): 33-45*)
- a. Centers vary in amounts and types of care, and in their average costs, which open or close the door for effective long-term and appropriate care planning.
 - b. Some residents appear to put strains on the care delivery system beyond dollar costs; thus, providers try to avoid such individuals.
 - c. Costs are disallowed if they exceed certain ceilings for any reason.
 - d. Professionals have not arrived at clear generalized standards for “needed services.”
8. Quality of care varies within an organization with variables as well as nursing care staffing. (www.nap.edu/read/515/chapter/22 *Quality of Care, Organizational Variables, and Housing, Joyce Verrans, PhD, RN (1996)*)
9. Frail Elderly Veteran Nursing Home Care finds that family members needed and help above their own care. (*The Gerontologist: Vol 47, No 1, 21-33: 2007*)
10. There are very few studies large cohort studies. (www.internationalbrain.org/articles/life_expectancy/ *Michael Barns, MD*)
- a. Two Schools of Thought
 - i. Periodic methodology including large numbers of disabled people that are monitored over a short period of time, 1-3 years usually, and the number of deaths over this period are observed.
 - ii. Only sizable data bases, such as Dr. Straus’ on cerebral palsy, may be valid.
 - b. Problems
 - i. Inbuilt pessimism bias as the studies cannot consider future improvements in rehabilitation, or more complete quality of care.
 - ii. Use existing country life tables and make discount according to various negative factors.

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Ms. Wadsworth Life Expectancy

1. Date of Birth = 03-16-1987
2. Age = 37 Years, 0 Months
3. Life Expectancy

(National Vital Statistic Reports, Vol. 71, No.1, August 8, 2022)

- a. Non-Hispanic, White, Female Life Expectancy = 44.4 Additional Years
- b. **44 ADDITIONAL YEARS WILL BE USED FOR THIS REPORT.**

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Basis of Opinions

In the case regarding Stephanie Wadsworth, I, Dr. Snyder, have been retained create a life care plan as an Expert Witness, as a Physician, and as a Life Care Planner based upon my background, training, and expertise as a Psychiatrist. This life care plan will include a review of records, a psychiatry based physical examination, and the formulation of an individualized plan for the medical care, treatment, support, and equipment needed to ensure that she is able to maintain her optimal treatment and care over her lifetime.

All the enclosed information in this evaluation is accurate to the best of my knowledge and based on the information provided, including medical records as well as direct examination of the patient.

Prudence in life care planning is the exercise of wisdom (intelligence guided by experience and sound judgement), carefulness, discretion, conscientiousness, reasonableness, care, diligence, and common sense. When formulating medical opinions and making recommendations in a life care plan, a physician life care planner asks, "How would my well respected (non-legal based) physician colleagues characterize the formulation of my reasoning, my recommendations, and my conclusions?" (A Physician's Guide to Life Care Planning: Tenet, Methods, and Best Practices for Physician Life Care Planners: Joe Gonzales, MD: American Academy of Physician Life Care Planners: 2017)

Opinions can vary between individual experts that specialize in the same subject matter, and all human beings are capable of misjudgment and error. The benefit of exercising prudence is that if a physician life care planner is wrong about something, they can be so with their dignity, honor, and integrity intact. (A Physician's Guide to Life Care Planning: Tenants, Methods, and Best Practices for Physician Life Care Planners, American Academy of Life Care Planners: 2017: Copyright 2017 American Academy of Physician Life Care Planners, 3801 North Capitol of Texas Highway, 240-1005, Austin, TX, 78746)

Prudence is not frugality or excessive conservatism. It is a simple, yet powerful temperament that helps balance and strength of current medical opinions and future recommendations. (A Physician's Guide to Life Care Planning: Tenet, Methods, and Best Practices for Physician Life Care Planners: Joe Gonzales, MD: American Academy of Physician Life Care Planners: 2017)

The opinions rendered in this case are the opinions of this examiner. Evaluation has been conducted based on the representation of the examinee during the medical examination and review of medical records from multiple caregivers, with the assumption that this information is true and correct. If more information becomes available later, then an additional service, report, or reconsideration may be requested. Such information may or may not change the opinions rendered in this evaluation. Further, the opinions in this report are based on reasonable medical probability, with all findings and associated costs of care being directly related to the accident as described above.

Life care planning confronts complex injuries and illnesses, and it can often be difficult to conclude with certainty if a subject will develop a particular condition or complication, or require a particular surgery, medication, or piece of durable medical equipment. While forecasting future needs can never be concluded with complete surety, physician life care planners must rely upon

WADSWORTH, Stephanie
Green River, WY

a reasonable degree of medical probability when formulating medical prognostications. For life care planning, “a reasonable degree of medical probability,” means more likely or not, or with a likelihood greater than 50%. It is not a quantitative measurement of statistical probability, nor is it a measured confidence interval. Rather, it is a qualitative assessment regarding medical likelihood made by a physician, and based upon their education, training, skill, and professional experience as a practicing physician. Additionally, wherever indicated, literature regarding best practices and clinical standards of care is utilized. (*A Physician’s Guide to Life Care Planning: Tenet, Methods, and Best Practices for Physician Life Care Planners: Joe Gonzales, MD: American Academy of Physician Life Care Planners: 2017*)

As a board-certified physiatrist, I have practiced in office based and hospital environments. I have functioned as a medical director of inpatient and outpatient rehabilitation units, skilled nursing care facilities, as well as the Chief Medical Consultant for the State of Rhode Island Vocational Rehabilitation. I have cared for children through to geriatric populations with many rehabilitative needs for various conditions, including spinal cord injury, brain injury, strokes, burns, orthopedic injuries, amputations, progressive neurological disorders, as well as chronic musculoskeletal, neurological, and centrally mediated pain states.

My opinions are based on my training and practice experience as a board-certified physiatrist (Fellow, American Academy of Physical Medicine & Rehabilitation), pediatrician (Fellow, American Academy of Pediatrics), and pain management specialist (American Academy of Pain Management). I have provided medical education lectures to physicians, attorneys, and the general population (at college level), and medical grand rounds.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Ronald E. Snyder', with a stylized, flowing script.

Ronald E. Snyder, MD
Board-Certified Physical Medicine & Rehabilitation
Board-Certified Pediatrician

WADSWORTH, Stephanie
Green River, WY

LIFE CARE PLANNING STEPHANIE WADSWORTH

DIAGNOSES

Full-Thickness Burns Involving 30-39% TBSA

Hypertrophic Scarring

Burn Scar = Alopecia

Neuropathic Pain

Pruritis

Hands = Fragile Skin

Foot Callus

Feet Pain

Posterior Glottic Stenosis

Suspected PTSD

Suspected Depression Aggravation

Suspected Cognitive Sequelae

Impaired Mobility and ADLs due to Physical Losses

WADSWORTH, Stephanie
Green River, WY

LIFE CARE PLANNING

Stephanie WADSWORTH

DIAGNOSES

Full Thickness Burns Involving 30-39% TBSA
Hypertrophic Scarring
Burn Scar Alopecia
Neuropathic Pain
Pruritis
Hands Fragile Skin
Callus of the Foot and Feet Pain
Posterior Glottic Stenosis
Suspected PTSD
Suspected Aggravation of her Depression
Suspected Cognitive Sequelae
Impaired Mobility and ADLs due to Physical Losses

WADSWORTH, Stephanie
Green River, WY

LIFE CARE PLANNING Stephanie Wadsworth PHYSICIAN & PROFESSIONAL CARE <i>The frequency of visits should be considered as a number of "banked hours".</i> <i>The consumption of service may vary from year to year.</i>			
ITEM/REFERRAL	INITIATE	FREQUENCY & AVERAGE COST	AVERAGE COST PER YEAR/LIFETIME
Burn Surgery at Burn Center To monitor scars and secondary burn surgery recommendations	Now	1 Visit/Every 2 Months for 5 Years <u>\$747.54/Total Cost*</u> \$251.12/Visit \$278.00/Hotel \$218.42/Mileage Then 1 Visit/Year *Includes 2-night hotel stay and gas allowance. Salt Lake City, UT	\$4,485.24/Year \$747.54/Year
Plastic Surgery Monitors/treats Mrs. Wadsworth feet lesions	Now	4x/Year \$202.12/Visit	\$808.48/Year
Hair Transplantation Specialty Monitors and manages secondary scarring alopecia. For hair transplantation and/or non-surgical treatments for hair loss	Now	1 Visit/Every 2 Months for 2 Years <u>\$698.54/Total Cost*</u> \$202.12/Visit \$278.00/Hotel \$218.42/Mileage *Includes 2-night hotel stay and gas allowance. Salt Lake City, UT	\$4,191.24/Year
Physiatry Coordinates and prioritizes therapy, evaluates for equipment (adaptive and bracing)	Now	1 Visit/Year \$252.12/Visit	\$252.12/Year
ENT Monitors/manages ears/nose/throat conditions <u>Mrs. Wadsworth has posterior glottic stenosis.</u>	Now	1 Visit/Year \$220.87/Visit	\$220.87/Year

WADSWORTH, Stephanie
Green River, WY

Ophthalmology Monitors/manages visual conditions <u>Mrs. Wadsworth sustained bilateral corneal abrasions and thermal corneal injury to the left eye during house fire.</u>	Now	1 Visit/Year \$252.12/Visit	\$252.12/Year
Internal Medicine Manages general health and increased medical complications including nutritional, skin irritations, pain and infections. *This is in addition to the usual yearly examination as deemed for maintenance of good health.	Now	1 Visit/Year* \$239.62/Visit	\$239.62/Year
Psychiatry Inclusive of Mrs. Wadsworth and family	Now	12 Visits/Year 60 Visits/Lifetime \$202.45/Visit	\$12,147.00/Lifetime
Psychology Inclusive of Mrs. Wadsworth and family	Now	36 Visits/Year 180 Visits/Lifetime \$200.94/Visit	\$36,169.20/Lifetime
Physical Therapy	Now	12 Visits/Year \$326.36/Visit	\$3,916.32/Year
Occupational Therapy For fine motor and ADLs	Now	12 Visits/Year \$366.16/Visit	\$4,393.92/Year
Podiatry Foot Care & Management	Now	8 Visits/Year \$235.37/Visit	\$1,882.96/Year
Nutrition Consultations	Now	2 Visits/Year \$133.33/Visit	\$266.66/Year
Vocational Rehabilitation Assists in developing the individual via education, counseling, and individual growth within a vocational atmosphere.	Now	2 Evaluation/Lifetime \$1,880.55/Evaluation	\$3,761.10/Lifetime
	Now	16 Hours Counseling/ Lifetime \$165.00/Hour	\$2,640.00/Lifetime
Ergonomic Evaluation Office and Home Assessments	Now	2x/Lifetime \$2,507.40/Assessment	\$5,014.80/Lifetime
Rationale With each passing decade of life, the sustained injuries and associated traumas will result in a further decline in abilities. The potential for new symptoms and medical complications are probable. As the patient ages, the exacerbations of chronic pain and discomfort will result in acute flare-ups, requiring short courses of outpatient rehabilitation services, injections, oral medications, and possibly further surgical interventions. Also associated are increased needs for services, medical care, and medications.			
Ms. Wadsworth's Life Expectancy			

WADSWORTH, Stephanie
Green River, WY

1. Date of Birth = 03-16-1987
2. Age = 37 Years, 0 Months
3. Life Expectancy
 - (National Vital Statistic Reports, Vol. 71, No.1, August 8, 2022)**
 - a. Non-Hispanic White Female Life Expectancy = 44.4 Additional Years
 - b. 44 ADDITIONAL YEARS ANTICIPATED

WADSWORTH, Stephanie
Green River, WY

LIFE CARE PLANNING Stephanie Wadsworth COMPREHENSIVE NEUROCOGNITIVE MULTIMODAL THERAPY PROGRAM			
TESTING & THERAPIES	INITIATE	FREQUENCY AVERAGE COST	AVERAGE COST PER LIFETIME
Neuropsychology Testing	Now	10 Hours 1x/Lifetime \$2,761.28/Each	\$2,761.28/Lifetime
Neuropsychology Follow-Up Visit	Now	2x/Week for 12 Weeks 24x/Lifetime \$219.44/Each	\$5,266.56/Lifetime
Neuropsychology Cognitive Rehabilitation	Now	2x/Week for 12 Weeks 24x/Lifetime \$229.85/Each	\$5,516.40/Lifetime
Speech and Language Cognitive Evaluation	Now	1x/Lifetime for 3 Hours \$402.98/Each	\$402.98/Lifetime
Speech and Language Cognitive Therapy	Now	2x/Week for 12 Weeks 24x/Lifetime \$229.85/Each	\$5,516.40/Lifetime
Occupational Therapy Cognitive Evaluation	Now	1x/Lifetime for 3 Hours \$255.72/Each	\$255.72/Lifetime
Occupational Therapy Cognitive Therapy	Now	2x/Week for 12 Weeks 24x/Lifetime \$229.85/Each	\$5,516.40/Lifetime
Brain Injury Education Neuropsychology Directed	Now	2x/Week for 12 Weeks 24x/Lifetime \$79.60/Each	\$1,910.40/Lifetime
Group Therapy Occupational, Speech, & Neuropsychology	Now	6x/Week for 12 Weeks 72x/Lifetime \$55.72/Each	\$4,011.84/Lifetime
Rationale: <u>Mrs. Wadsworth suffered an inhalation injury and is having memory problems.</u> Cognitive Rehabilitation Therapy is the process of relearning cognitive skills that have been lost or altered as a result of damage to brain cells. If skills cannot be relearned, then new strategies must be taught to enable a person to retrain and compensate for any lost cognitive function.			
Ms. Wadsworth's Life Expectancy 1. Date of Birth = 03-16-1987 2. Age = 37 Years, 0 Months 3. Life Expectancy <u>(National Vital Statistic Reports, Vol. 71, No.1, August 8, 2022)</u> a. Non-Hispanic White Female Life Expectancy = 44.4 Additional Years b. 44 ADDITIONAL YEARS ANTICIPATED			

WADSWORTH, Stephanie
Green River, WY

LIFE CARE PLANNING Stephanie Wadsworth HOSPITALIZATIONS			
ITEM/REFERRAL	INITIATE	FREQUENCY	AVERAGE COST PER YEAR/LIFETIME
Removal/Excision of Benign Feet Lesions	Now	4x/Year	Unable to Determine Cost of Procedure
Scar Excision and Reconstruction Surgery	Now	Unknown	Unable to Determine Cost of Procedure
Follicular Unit Hair Transplant Surgery	Now	Unknown	Unable to Determine Cost of Procedure
Semi-Permanent Tattoo for her Right Eyelid	Now	1x/Year \$774.78/Visit	\$34,090.32/Lifetime
Emergency Room Visits <u><i>Given Mrs. Wadsworth history and physical examination, there is a strong probability for recurrent ER visits.</i></u>	Now	1x/Every 5 Years \$1,599.11/Visit	\$1,599.11/Every 5 Years
Ms. Wadsworth's Life Expectancy 1. Date of Birth = 03-16-1987 2. Age = 37 Years, 0 Months 3. Life Expectancy <u>(National Vital Statistic Reports, Vol. 71, No.1, August 8, 2022)</u> a. Non-Hispanic White Female Life Expectancy = 44.4 Additional Years b. 44 ADDITIONAL YEARS ANTICIPATED			

WADSWORTH, Stephanie
Green River, WY

LIFE CARE PLANNING Stephanie Wadsworth Imaging Studies			
IMAGING STUDIES	INITIATE	FREQUENCY & AVERAGE COST	AVERAGE COST PER YEAR/LIFETIME
Shoulder X-Ray: BILATERAL	Now	1x/Every 5 Years \$282.58/BILATERAL \$141.29/Each	\$282.58/Every 5 Years
Shoulder MRI: BILATERAL Without Contrast	Now	2 Total/Lifetime \$5,940.16/BILATERAL \$2,970.08/Each	\$11,880.32/Lifetime
Shoulder MRI: BILATERAL Diagnostic Reading Fee	Now	2 Total/Lifetime \$839.06/BILATERAL \$491.53/Each	\$1,678.12/Lifetime
Hand X-Ray: BILATERAL	Now	1x/Every 5 Years \$288.56/BILATERAL \$144.28/Each	\$288.56/Every 5 Years
Hand MRI: BILATERAL Without Contrast	Now	2 Total/Lifetime \$3,860.60/BILATERAL \$1,930.30/Each	\$7,721.20/Lifetime
Hand MRI: BILATERAL Diagnostic Reading Fee	Now	2 Total/Lifetime \$632.82/BILATERAL \$316.41/Each	\$1,265.64/Lifetime
Foot X-Ray: BILATERAL	Now	1x/Every 5 Years \$165.18/BILATERAL \$82.59/Each	\$165.18/Every 5 Years
Foot MRI: BILATERAL Without Contrast	Now	2 Total/Lifetime \$4,107.36/BILATERAL \$2,053.68/Each	\$8,214.72/Lifetime
Foot MRI: BILATERAL Diagnostic Reading Fee	Now	2 Total/Lifetime \$632.82/BILATERAL \$316.41/Each	\$1,265.64/Lifetime
Ms. Wadsworth's Life Expectancy 1. Date of Birth = 03-16-1987 2. Age = 37 Years, 0 Months 3. Life Expectancy <u>(National Vital Statistic Reports, Vol. 71, No.1, August 8, 2022)</u> a. Non-Hispanic White Female Life Expectancy = 44.4 Additional Years b. 44 ADDITIONAL YEARS ANTICIPATED			

WADSWORTH, Stephanie
Green River, WY

LIFE CARE PLAN Stephanie Wadsworth MEDICATIONS			
ITEM/REFERRAL	INITIATE	AVERAGE COST PER EACH/DAY/MONTH	AVERAGE COST PER YEAR
PAIN CONTROL			
Neurontin 600mg 3x/Day	Presently not used but appropriate for Now	\$5.61/Day \$1.87/Each 3/Day	\$2,049.05/Year
MUSCLE RELAXANT			
Baclofen 10mg 3x/Day	Presently not used but appropriate for Now	\$1.74/Day \$.58/Each 3/Day	\$635.54/Year
MOOD CONTROL			
Duloxetine 30mg 1x/Day	Presently not used but appropriate for Now	\$6.50/Day \$6.50/Each 1/Day	\$2,374.13/Year
GASTROINTESTINAL PROTECTION			
Lansoprazole 15mg 1x/Day	Presently not used but appropriate for Now	\$6.45/Month \$.43/Each 15/Month	\$77.40/Year
SLEEP MANAGEMENT			
Zolpidem Tartrate 10mg 1x/Night	Presently not used but appropriate for Now	\$2.13/Day \$2.13/Each 1/Day	\$777.98/Year
Rationale Pharmacological agents are commonly used with pain disorders. Medications may be utilized singularly or in combination. Persistent pain often results in diminished serotonin levels, with depression on a chemical basis.			
Ms. Wadsworth's Life Expectancy <ol style="list-style-type: none"> 1. Date of Birth = 03-16-1987 2. Age = 37 Years, 0 Months 3. Life Expectancy <u>(National Vital Statistic Reports, Vol. 71, No.1, August 8, 2022)</u> <ol style="list-style-type: none"> a. Non-Hispanic White Female Life Expectancy = 44.4 Additional Years b. 44 ADDITIONAL YEARS ANTICIPATED 			




WADSWORTH, Stephanie
Green River, WY

LIFE CARE PLANNING Stephanie Wadsworth LABORATORY TESTING				
LABORATORY TESTING	INITIATE	FREQUENCY	AVERAGE COST	AVERAGE COST PER YEAR
CBC	Now	1x/Year	\$43.78/Each	\$43.78/Year
Liver Profile	Now	1x/Year	\$50.75/Each	\$50.75/Year
Renal Profile	Now	1x/Year	\$89.55/Each	\$89.55/Year
Draw Fee	Now	1x/Year	\$21.89/Each	\$21.89/Year
Rationale Chronic medication is recommended. These meds are excreted via the liver and/or kidneys, and yearly monitoring is required.				
Ms. Wadsworth's Life Expectancy <ol style="list-style-type: none"> 1. Date of Birth = 03-16-1987 2. Age = 37 Years, 0 Months 3. Life Expectancy <u>(National Vital Statistic Reports, Vol. 71, No.1, August 8, 2022)</u> <ol style="list-style-type: none"> a. Non-Hispanic White Female Life Expectancy = 44.4 Additional Years b. 44 ADDITIONAL YEARS ANTICIPATED 				






WADSWORTH, Stephanie
Green River, WY

LIFE CARE PLANNING Stephanie Wadsworth SPECIAL EQUIPMENT			
ITEM/REFERRAL	INITIATE	FREQUENCY & AVERAGE COST	AVERAGE COST PER YEAR
Shower Chair	Now 	\$70.57/Every 5 Years	\$14.11/Year
Long Handled Lotion Applicator	Now 	\$10.49/Every Year	\$10.49/Year
Long Handled Shower Sponge	Now 	\$12.98/Every Year	\$12.98/Year
Assistive Reacher	Now 	\$18.00/Every 3 years	\$6.00/Year
Motorized Scooter	Now 	\$2,189.00/Every 5 Years	\$437.80/Year
Motorized Scooter Maintenance	Now	10% of Purchase Price To begin one year after each purchase.	\$218.90/Year
All Terrain Scooter	Now 	\$5,349.00/Every 5 Years	\$1,069.80/Year
All Terrain Scooter Maintenance	Now	10% of Purchase Price To begin one year after each purchase.	\$534.90/Year
Scooter Backpack	Now 	\$62.00/Every 2 Years	\$31.00/Year

WADSWORTH, Stephanie
Green River, WY

Portable Ramps: 3' and 5'	Now 	Every 10 Years \$497.32/For Both 3': \$174.66 5': \$322.66	\$49.73/Year
Adjustable Bed with Elevating Head	Now 	\$4,048.00/Every 7-10 Years	\$476.24/Year
Walker	FUTURE Start Age 50 	\$71.52/Every 5 Years	\$14.30/Year
Ms. Wadsworth's Life Expectancy <ol style="list-style-type: none"> 1. Date of Birth = 03-16-1987 2. Age = 37 Years, 0 Months 3. Life Expectancy <u>(National Vital Statistic Reports, Vol. 71, No.1, August 8, 2022)</u> <ol style="list-style-type: none"> a. Non-Hispanic White Female Life Expectancy = 44.4 Additional Years b. 44 ADDITIONAL YEARS ANTICIPATED 			

WADSWORTH, Stephanie
Green River, WY

LIFE CARE PLANNING Stephanie Wadsworth NON-MEDICAL and SKINCARE PRODUCTS			
ITEM/REFERRAL	INITIATE	FREQUENCY AVERAGE COST	AVERAGE COST PER YEAR
Resta Lite	Now 	1x/Month \$17.69/Each	\$212.28/Year
Vaseline	Now 	1x/Month \$6.29/Each 1-13 Ounce Jar	\$75.48/Year
Cut Protective Gloves	Now 	12x/Every 3 Months \$143.04/Every 3 Months \$11.92/Pair	\$572.16/Year
Sun/UV Protective Clothing	Now 	\$243.00/Every 3 Months Clothing Allowance	\$972.00/Year
Sunscreen	Now 	1x/Month \$38.99/Each	\$467.88/Year
Ms. Wadsworth's Life Expectancy 1. Date of Birth = 03-16-1987 2. Age = 37 Years, 0 Months 3. Life Expectancy <u>(National Vital Statistic Reports, Vol. 71, No.1, August 8, 2022)</u> a. Non-Hispanic White Female Life Expectancy = 44.4 Additional Years b. 44 ADDITIONAL YEARS ANTICIPATED			


WADSWORTH, Stephanie
Green River, WY

LIFE CARE PLANNING Stephanie Wadsworth TRANSPORTATION			
ITEM/REFERRAL	INITIATE	AVERAGE COST	AVERAGE COST PER YEAR/LIFETIME
Standard Van Toyota Sienna (2024)	Now	1x/Every 5 Years A NEW Toyota Sienna (2024) to be purchased on an every 5-year basis. Price based on MSRP value. Initial Van Purchase: \$47,035.00 5-Year Average Resale Value: \$31,785.00 TOTAL 5-Year Repurchase Price: \$15,250.00	\$47,035.00/Initial Van Purchase \$15,250.00/Repurchase Every 5 Years* *Includes use of resale of prior vehicle towards total cost of new van.
Van Modifications Lower floor, raised roof, power doors, power ramp/lift, tie-downs	Now	1x/Per Van Purchase \$35,625.00/Van	\$35,625.00/Every 5 Years
Van Modification Maintenance	Now	1x/Year \$362.50/Modification	\$362.50/Year
Automobile Association Membership	Now	1x/Year \$99.99/Membership	\$99.99/Year
Ms. Wadsworth's Life Expectancy <ol style="list-style-type: none"> Date of Birth = 03-16-1987 Age = 37 Years, 0 Months Life Expectancy <u>(National Vital Statistic Reports, Vol. 71, No.1, August 8, 2022)</u> <ol style="list-style-type: none"> Non-Hispanic White Female Life Expectancy = 44.4 Additional Years 44 ADDITIONAL YEARS ANTICIPATED 			

WADSWORTH, Stephanie
Green River, WY

LIFE CARE PLANNING Stephanie Wadsworth HOME MODIFICATIONS			
ITEM	INITIATE DESCRIPTION	FREQUENCY AVERAGE COST	AVERAGE COST PER YEAR/LIFETIME
Handicapped Home Modifications	Now - Barrier-Free Bathroom including Roll-in Shower with Handheld Showerhead and Grab Bars -- Wheelchair Ramps: Front and Back Entrances --Garage/Carport with Wheelchair Access --Poured Concrete Patios, Sidewalks, and Driveway	1x/Lifetime \$32,956.52/Modification	\$32,956.52/Lifetime
Home Security System Installation	Now	1 Installation/Lifetime	Costs included in Total Home Modification
Home Security Monitoring	Now	\$49.32/Month	\$591.84/Year
Ms. Wadsworth's Life Expectancy 1. Date of Birth = 03-16-1987 2. Age = 37 Years, 0 Months 3. Life Expectancy <u>(National Vital Statistic Reports, Vol. 71, No.1, August 8, 2022)</u> a. Non-Hispanic White Female Life Expectancy = 44.4 Additional Years b. 44 ADDITIONAL YEARS ANTICIPATED			

WADSWORTH, Stephanie
Green River, WY

LIFE CARE PLANNING Stephanie Wadsworth HOMEMAKER CARE				
SERVICE	INITIATE	FREQUENCY	AVERAGE COST	AVERAGE COST PER YEAR
Housekeeper Heavy Housekeeping	Now	8 Hours 2x/Month	\$520.00/Month \$260.00/Visit \$32.50/Hour	\$6,240.00/Year
Personal Care Attendant To assist with groceries, shopping, cooking, laundry and light housekeeping	Now	4 Hours 5x/Week	\$599.00/Week \$119.80/Visit \$29.95/Hour	\$31,225.82/Year
Home Maintenance	Now 	4-6 Hours/Month Average = 5 Hours	\$321.85/Month \$64.37/Hour	\$3,862.20/Year
Ms. Wadsworth's Life Expectancy 1. Date of Birth = 03-16-1987 2. Age = 37 Years, 0 Months 3. Life Expectancy <u>(National Vital Statistic Reports, Vol. 71, No.1, August 8, 2022)</u> a. Non-Hispanic White Female Life Expectancy = 44.4 Additional Years b. 44 ADDITIONAL YEARS ANTICIPATED				

WADSWORTH, Stephanie
Green River, WY

LIFE CARE PLANNING Stephanie Wadsworth PATIENT EDUCATION				
SERVICE	INITIATE	FREQUENCY	AVERAGE COST	AVERAGE COST PER YEAR/LIFETIME
Phoenix World Burn Congress Registration	Now	1x/Every Other Year Max = 10x *Includes Airfare and 5-night hotel stay allowance	\$4,000.00/Each*	\$40,000.00/Lifetime
Burn Support Group at Salt Lake City Burn Center	Now	1x/Every 2 Months For 5 Years * Includes 2-night hotel stay and gas allowance.	\$700.00/Each*	\$4,200.00/Year
Ms. Wadsworth's Life Expectancy 1. Date of Birth = 03-16-1987 2. Age = 37 Years, 0 Months 3. Life Expectancy <u>(National Vital Statistic Reports, Vol. 71, No.1, August 8, 2022)</u> a. Non-Hispanic White Female Life Expectancy = 44.4 Additional Years b. 44 ADDITIONAL YEARS ANTICIPATED				

WADSWORTH, Stephanie
Green River, WY

**LIFE CARE PLANNING
STEPHANIE WADSWORTH
PRICE REFERENCE SOURCES**


WADSWORTH, Stephanie
Green River, WY

BURN SURGEON AT BURN CENTER						
NATIONAL COSTS						
PMIC Medical Fees 2024						
PROVIDER	CPT CODES & CHARGES	AVERAGE NATIONAL COSTS				
Burn Surgeon at Burn Center Initial Visit	CPT 99203: \$298.00 CPT 99204: \$456.00	\$377.00				
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	227	298	375	110	3.35
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	348	456	573	164	5.02
PMIC Medical Fees 75% 2024: Page 39						
Burn Surgeon at Burn Center Follow-Up Visit	CPT 99213: \$207.00 CPT 99214: \$304.00	\$255.50				
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	156	207	264	89	2.73
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	229	304	387	126	3.85
PMIC Medical Fees 75% 2024: Pages 39-40						
REGIONAL COSTS						
Green River, WY						
PMIC Medical Fees 2024						
PROVIDER	SERVICES & CHARGES	AVERAGE REGIONAL COSTS				
Burn Surgeon at Burn Center Initial Visit	CPT 99203: \$295.02 CPT 99204: \$451.44	\$373.23				

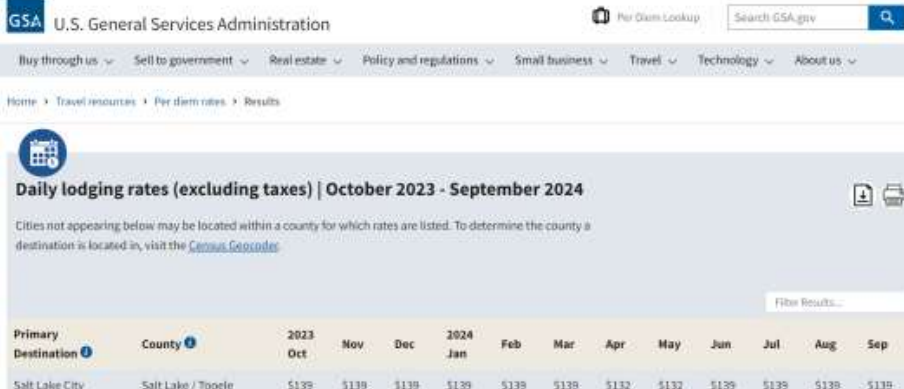
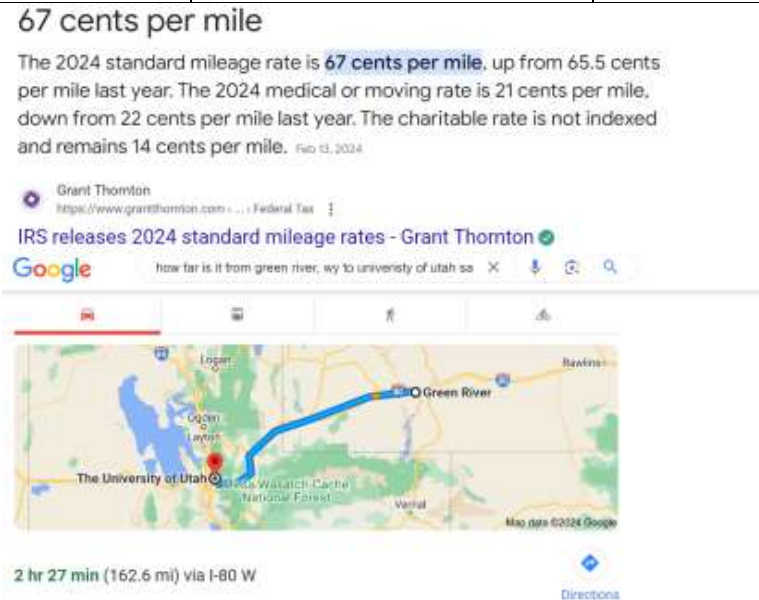
WADSWORTH, Stephanie
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99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	227	298	375	110	3.35
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	348	456	573	164	5.02
PMIC Medical Fees 75% 2024: Page 39						
Wyoming**		03602	21	1.000	1.000	0.739 0.990
PMIC Medical Fees 75% 2024: Page 684						
Burn Surgeon at Burn Center		CPT 99213: \$204.93		\$252.95		
Follow-Up Visit		CPT 99214: \$300.96				
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	156	207	264	89	2.73
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	229	304	387	126	3.85
PMIC Medical Fees 75% 2024: Pages 39-40						
Wyoming**		03602	21	1.000	1.000	0.739 0.990
PMIC Medical Fees 75% 2024: Page 684						
AVERAGE NATIONAL & REGIONAL COSTS						
PROVIDER	SERVICE	AVERAGE NATIONAL & REGIONAL COSTS				
Burn Surgeon at Burn Center	Initial Visit	\$375.12				
Burn Surgeon at Burn Center	Follow-Up Visit	\$254.23				
LOCAL COSTS						
Green River, WY						
PROVIDER	SERVICES & CHARGES	AVERAGE LOCAL COSTS				
University of Utah Health Care Intermountain Burn Center	Initial Visit: \$368.00	Initial Visit: \$368.00				

WADSWORTH, Stephanie
Green River, WY

50 North Medical Drive Salt Lake City, UT 84132 (801) 581-3050 Contact: mychart.com	<u>Follow-Up Visit:</u> \$248.00	<u>Follow-Up Visit:</u> \$248.00
 <p>Estimate for New patient office or other outpatient visit, Level 4</p> <p>Total fees ⓘ \$368</p> <p>Estimate for Established patient office or other outpatient visit, Level 4</p> <p>Total fees ⓘ \$251.12</p>		
Green River, WY LOCAL AVERAGE COSTS		
PROVIDER	SERVICE	AVERAGE TOTAL COSTS
Burn Surgeon at Burn Center	Initial Visit	\$368.00
Burn Surgeon at Burn Center	Follow-Up Visit	\$248.00
Burn Surgery NATIONAL, REGIONAL, & LOCAL AVERAGE COSTS		
PROVIDER	SERVICE	AVERAGE TOTAL COSTS
Burn Surgeon at Burn Center	Initial Visit	\$371.56
Burn Surgeon at Burn Center	Follow-Up Visit	\$251.12

WADSWORTH, Stephanie
Green River, WY

TRAVEL EXPENSES Green River, WY to Salt Lake City, UT		
SPECIFIC LOCAL COSTS Green River, WY		
PROVIDER	SERVICE & COSTS	AVERAGE HOURLY RATE
Hotel: Salt Lake City, UT	<u>\$139.00/Night</u>	\$278.00/2 Night Stay
		
Mileage Reimbursement: Green River, WY to Salt Lake City, UT 326 miles round trip	IRS Reimbursement Rate: 2024 \$.67/Mile	\$218.42/Mileage Reimbursement
		
AVERAGE SPECIFIC LOCAL COSTS Green River, WY		
PROVIDER	SERVICE	AVERAGE RATE
Hotel	2 Night Stay	\$278.00
Mileage Reimbursement	326 miles @ \$.67/Mile	\$218.42

WADSWORTH, Stephanie
Green River, WY

PLASTIC SURGERY						
NATIONAL COSTS						
PMIC Medical Fees 2024						
PROVIDER	CPT CODES & CHARGES			AVERAGE NATIONAL COSTS		
Plastic Surgeon Initial Visit	CPT 99203: \$298.00 CPT 99204: \$456.00			\$377.00		
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	227	298	375	110	3.35
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	348	456	573	164	5.02
PMIC Medical Fees 75% 2024: Page 39						
Plastic Surgeon Follow-Up Visit	CPT 99213: \$207.00 CPT 99214: \$304.00			\$255.50		
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	156	207	264	89	2.73
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	229	304	387	126	3.85
PMIC Medical Fees 75% 2024: Pages 39-40						
REGIONAL COSTS						
Green River, WY						
PMIC Medical Fees 2024						
PROVIDER	SERVICES & CHARGES			AVERAGE REGIONAL COSTS		
Plastic Surgeon Initial Visit	CPT 99203: \$295.02 CPT 99204: \$451.44			\$373.23		

WADSWORTH, Stephanie
Green River, WY

99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	227	298	375	110	3.35
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	348	456	573	164	5.02
PMIC Medical Fees 75% 2024: Page 39						
Wyoming**		03602	21	1.000	1.000	0.739 0.990
PMIC Medical Fees 75% 2024: Page 684						
Plastic Surgeon	CPT 99213: \$204.93	\$252.95				
Follow-Up Visit	CPT 99214: \$300.96					
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	156	207	264	89	2.73
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	229	304	387	126	3.85
PMIC Medical Fees 75% 2024: Pages 39-40						
Wyoming**		03602	21	1.000	1.000	0.739 0.990
PMIC Medical Fees 75% 2024: Page 684						
AVERAGE NATIONAL & REGIONAL COSTS						
PROVIDER	SERVICE	AVERAGE NATIONAL & REGIONAL COSTS				
Plastic Surgeon	Initial Visit	\$375.12				
Plastic Surgeon	Follow-Up Visit	\$254.23				
LOCAL COSTS						
Green River, WY						
PROVIDER	SERVICES & CHARGES	AVERAGE LOCAL COSTS				
Scott Sulentic, MD	Initial Visit:	Initial Visit:				
Rock Springs Plastic Surgery	\$245.00	\$245.00				

WADSWORTH, Stephanie
Green River, WY

1180 College Drive Rock Springs, WY 82901 (307) 362-8211 Contact: Billing (05/20/2024)	<u>Follow-Up Visit:</u> \$150.00	<u>Follow-Up Visit:</u> \$150.00
Green River, WY LOCAL AVERAGE COSTS		
PROVIDER	SERVICE	AVERAGE TOTAL COSTS
Plastic Surgeon	Initial Visit	\$245.00
Plastic Surgeon	Follow-Up Visit	\$150.00
Plastic Surgery NATIONAL, REGIONAL, & LOCAL AVERAGE COSTS		
PROVIDER	SERVICE	AVERAGE TOTAL COSTS
Plastic Surgeon	Initial Visit	\$310.06
Plastic Surgeon	Follow-Up Visit	\$202.12

WADSWORTH, Stephanie
Green River, WY

HAIR TRANSPLANT SPECIALIST						
NATIONAL COSTS						
PMIC Medical Fees 2024						
PROVIDER	CPT CODES & CHARGES	AVERAGE NATIONAL COSTS				
Hair Transplant Specialist Initial Visit	CPT 99203: \$298.00 CPT 99204: \$456.00	\$377.00				
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	227	298	375	110	3.35
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	348	456	573	164	5.02
PMIC Medical Fees 75% 2024: Page 39						
Hair Transplant Specialist Follow-Up Visit	CPT 99213: \$207.00 CPT 99214: \$304.00	\$255.50				
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	156	207	264	89	2.73
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	229	304	387	126	3.85
PMIC Medical Fees 75% 2024: Pages 39-40						
REGIONAL COSTS						
Green River, WY						
PMIC Medical Fees 2024						
PROVIDER	SERVICES & CHARGES	AVERAGE REGIONAL COSTS				
Hair Transplant Specialist Initial Visit	CPT 99203: \$295.02 CPT 99204: \$451.44	\$373.23				

WADSWORTH, Stephanie
Green River, WY

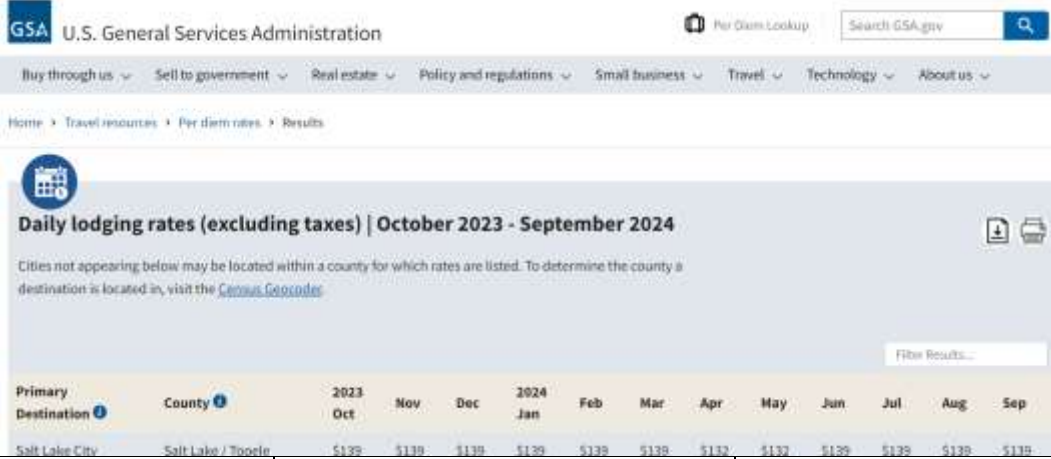
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	227	298	375	110	3.35
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	348	456	573	164	5.02
PMIC Medical Fees 75% 2024: Page 39						
Wyoming**		03602	21	1.000	1.000	0.739 0.990
PMIC Medical Fees 75% 2024: Page 684						
Hair Transplant Specialist		CPT 99213: \$204.93		\$252.95		
Follow-Up Visit		CPT 99214: \$300.96				
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	156	207	264	89	2.73
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	229	304	387	126	3.85
PMIC Medical Fees 75% 2024: Pages 39-40						
Wyoming**		03602	21	1.000	1.000	0.739 0.990
PMIC Medical Fees 75% 2024: Page 684						
AVERAGE NATIONAL & REGIONAL COSTS						
PROVIDER		SERVICE		AVERAGE NATIONAL & REGIONAL COSTS		
Hair Transplant Specialist		Initial Visit		\$375.12		
Hair Transplant Specialist		Follow-Up Visit		\$254.23		
LOCAL COSTS						
Green River, WY						
PROVIDER		SERVICES & CHARGES		AVERAGE LOCAL COSTS		
Hair Restoration Center of Utah		Initial Visit:		Initial Visit:		
2104 Fort Union Blvd		No Charge for Consultation		No Charge for Consultation		

WADSWORTH, Stephanie
Green River, WY

Salt Lake City, UT 84121 (801) 943-1751 Contact: Rachel (05/20/2024)	<u>Follow-Up Visit:</u> \$150.00	<u>Follow-Up Visit:</u> \$150.00
Green River, WY LOCAL AVERAGE COSTS		
PROVIDER	SERVICE	AVERAGE TOTAL COSTS
Hair Transplant Specialist	Initial Visit	No Charge for Consultation
Hair Transplant Specialist	Follow-Up Visit	\$150.00
Hair Transplant Specialist NATIONAL, REGIONAL, & LOCAL AVERAGE COSTS		
PROVIDER	SERVICE	AVERAGE TOTAL COSTS
Hair Transplant Specialist	Initial Visit	\$375.12
Hair Transplant Specialist	Follow-Up Visit	\$202.12

WADSWORTH, Stephanie
Green River, WY

TRAVEL EXPENSES Green River, WY to Salt Lake City, UT		
SPECIFIC LOCAL COSTS Green River, WY		
PROVIDER	SERVICE & COSTS	AVERAGE HOURLY RATE
Hotel: Salt Lake City, UT	<u>\$139.00/Night</u>	\$278.00/2 Night Stay

		
Mileage Reimbursement: Green River, WY to Salt Lake City, UT 326 miles round trip	IRS Reimbursement Rate: 2024 \$.67/Mile	\$218.42/Mileage Reimbursement

		
AVERAGE SPECIFIC LOCAL COSTS Green River, WY		

WADSWORTH, Stephanie
Green River, WY

PROVIDER	SERVICE	AVERAGE RATE
Hotel	2 Night Stay	\$278.00
Mileage Reimbursement	326 miles @ \$.67/Mile	\$218.42

WADSWORTH, Stephanie
Green River, WY

PHYSIATRY						
NATIONAL COSTS						
PMIC Medical Fees 2024						
PROVIDER	CPT CODES & CHARGES				AVERAGE NATIONAL COSTS	
Physiatrist Initial Visit	CPT 99203: \$298.00 CPT 99204: \$456.00				\$377.00	
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	227	298	375	110	3.35
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	348	456	573	164	5.02
PMIC Medical Fees 75% 2024: Page 39						
Physiatrist Follow-Up Visit	CPT 99213: \$207.00 CPT 99214: \$304.00				\$255.50	
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	156	207	264	89	2.73
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	229	304	387	126	3.85
PMIC Medical Fees 75% 2024: Pages 39-40						
REGIONAL COSTS						
Green River, WY						
PMIC Medical Fees 2024						
PROVIDER	SERVICES & CHARGES				AVERAGE REGIONAL COSTS	
Physiatrist Initial Visit	CPT 99203: \$295.02 CPT 99204: \$451.44				\$373.23	

WADSWORTH, Stephanie
Green River, WY

99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	227	298	375	110	3.35
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	348	456	573	164	5.02
PMIC Medical Fees 75% 2024: Page 39						
Wyoming**		03602	21	1.000	1.000	0.739 0.990
PMIC Medical Fees 75% 2024: Page 684						
Physiatrist Follow-Up Visit		CPT 99213: \$204.93 CPT 99214: \$300.96		\$252.95		
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	156	207	264	89	2.73
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	229	304	387	126	3.85
PMIC Medical Fees 75% 2024: Pages 39-40						
Wyoming**		03602	21	1.000	1.000	0.739 0.990
PMIC Medical Fees 75% 2024: Page 684						
AVERAGE NATIONAL & REGIONAL COSTS						
PROVIDER		SERVICE		AVERAGE NATIONAL & REGIONAL COSTS		
Physiatrist		Initial Visit		\$375.12		
Physiatrist		Follow-Up Visit		\$254.23		
LOCAL COSTS Green River, WY						
PROVIDER		SERVICES & CHARGES		AVERAGE LOCAL COSTS		
Premier Bone & Joint		Initial Visit:		Initial Visit:		

WADSWORTH, Stephanie
Green River, WY

2950 College Drive Rock Springs, WY 82901 (307) 382-5112 Contact: Scheduling (05/20/2024)	\$300.00 <u>Follow-Up Visit:</u> \$200.00	\$300.00 <u>Follow-Up Visit:</u> \$200.00
Pain Care Centers 2620 Commercial Way Rock Springs, WY 82901 (307) 212-620 Contact: Scheduling (05/20/2024)	<u>Initial Visit:</u> \$475.00 <u>Follow-Up Visit:</u> \$300.00	<u>Initial Visit:</u> \$475.00 <u>Follow-Up Visit:</u> \$300.00
Green River, WY LOCAL AVERAGE COSTS		
PROVIDER	SERVICE	AVERAGE TOTAL COSTS
Physiatrist	Initial Visit	\$387.50
Physiatrist	Follow-Up Visit	\$250.00
Physiatry NATIONAL, REGIONAL, & LOCAL AVERAGE COSTS		
PROVIDER	SERVICE	AVERAGE TOTAL COSTS
Physiatrist	Initial Visit	\$381.31
Physiatrist	Follow-Up Visit	\$252.12

WADSWORTH, Stephanie
Green River, WY

EAR, NOSE, & THROAT						
NATIONAL COSTS PMIC Medical Fees 2024						
PROVIDER		CPT CODES & CHARGES			AVERAGE NATIONAL COSTS	
ENT Initial Visit		CPT 99203: \$298.00 CPT 99204: \$456.00			\$377.00	
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	227	298	375	110	3.35
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	348	456	573	164	5.02
PMIC Medical Fees 75% 2024: Page 39						
ENT Follow-Up Visit		CPT 99213: \$207.00 CPT 99214: \$304.00			\$255.50	
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	156	207	264	89	2.73
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	229	304	387	126	3.85
PMIC Medical Fees 75% 2024: Pages 39-40						
REGIONAL COSTS Green River, WY PMIC Medical Fees 2024						
PROVIDER		SERVICES & CHARGES			AVERAGE REGIONAL COSTS	
ENT Initial Visit		CPT 99203: \$295.02 CPT 99204: \$451.44			\$373.23	

WADSWORTH, Stephanie
Green River, WY

99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	227	298	375	110	3.35
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	348	456	573	164	5.02
PMIC Medical Fees 75% 2024: Page 39						
Wyoming**		03602	21	1.000	1.000	0.739 0.990
PMIC Medical Fees 75% 2024: Page 684						
ENT Follow-Up Visit		CPT 99213: \$204.93 CPT 99214: \$300.96		\$252.95		
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	156	207	264	89	2.73
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	229	304	387	126	3.85
PMIC Medical Fees 75% 2024: Pages 39-40						
Wyoming**		03602	21	1.000	1.000	0.739 0.990
PMIC Medical Fees 75% 2024: Page 684						
AVERAGE NATIONAL & REGIONAL COSTS						
PROVIDER		SERVICE		AVERAGE NATIONAL & REGIONAL COSTS		
ENT		Initial Visit		\$375.12		
ENT		Follow-Up Visit		\$254.23		
LOCAL COSTS Green River, WY						
PROVIDER		SERVICES & CHARGES		AVERAGE LOCAL COSTS		
Sweetwater ENT		Initial Visit:		Initial Visit:		

WADSWORTH, Stephanie
Green River, WY

1180 College Drive Rock Springs, WY 82901 (307) 212-7738 Contact: Scheduling (05/20/2024)	\$300.00 <u>Follow-Up Visit:</u> \$200.00	\$300.00 <u>Follow-Up Visit:</u> \$200.00
Southwest Wyoming ENT 191 Overthrust Road Evanston, WY 82930 (307) 789-8721 Contact: Scheduling (05/20/2024)	<u>Initial Visit:</u> \$200.00 <u>Follow-Up Visit:</u> \$175.00	<u>Initial Visit:</u> \$200.00 <u>Follow-Up Visit:</u> \$175.00
Green River, WY LOCAL AVERAGE COSTS		
PROVIDER	SERVICE	AVERAGE TOTAL COSTS
ENT	Initial Visit	\$250.00
ENT	Follow-Up Visit	\$187.50
ENT Physician NATIONAL, REGIONAL, & LOCAL AVERAGE COSTS		
PROVIDER	SERVICE	AVERAGE TOTAL COSTS
ENT	Initial Visit	\$312.56
ENT	Follow-Up Visit	\$220.87

WADSWORTH, Stephanie
Green River, WY

OPHTHALMOLOGY						
NATIONAL COSTS PMIC Medical Fees 2024						
PROVIDER		CPT CODES & CHARGES			AVERAGE NATIONAL COSTS	
Ophthalmologist Initial Visit		CPT 99203: \$298.00 CPT 99204: \$456.00			\$377.00	
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	227	298	375	110	3.35
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	348	456	573	164	5.02
PMIC Medical Fees 75% 2024: Page 39						
Ophthalmologist Follow-Up Visit		CPT 99213: \$207.00 CPT 99214: \$304.00			\$255.50	
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	156	207	264	89	2.73
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	229	304	387	126	3.85
PMIC Medical Fees 75% 2024: Pages 39-40						
REGIONAL COSTS Green River, WY PMIC Medical Fees 2024						
PROVIDER		SERVICES & CHARGES			AVERAGE REGIONAL COSTS	
Ophthalmologist Initial Visit		CPT 99203: \$295.02 CPT 99204: \$451.44			\$373.23	

WADSWORTH, Stephanie
Green River, WY

99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	227	298	375	110	3.35
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	348	456	573	164	5.02
PMIC Medical Fees 75% 2024: Page 39						
Wyoming**		03602	21	1.000	1.000	0.739 0.990
PMIC Medical Fees 75% 2024: Page 684						
Ophthalmologist Follow-Up Visit		CPT 99213: \$204.93 CPT 99214: \$300.96		\$252.95		
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	156	207	264	89	2.73
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	229	304	387	126	3.85
PMIC Medical Fees 75% 2024: Pages 39-40						
Wyoming**		03602	21	1.000	1.000	0.739 0.990
PMIC Medical Fees 75% 2024: Page 684						
AVERAGE NATIONAL & REGIONAL COSTS						
PROVIDER		SERVICE		AVERAGE NATIONAL & REGIONAL COSTS		
Ophthalmologist		Initial Visit		\$375.12		
Ophthalmologist		Follow-Up Visit		\$254.23		
LOCAL COSTS Green River, WY						
PROVIDER		SERVICES & CHARGES		AVERAGE LOCAL COSTS		
Desert View Eye Care		Initial Visit:		Initial Visit:		

WADSWORTH, Stephanie
Green River, WY

170 Commerce Drive Green River, WY 82935 (307) 875-3399 Contact: Receptionist (05/20/2024)	\$200.00 <u>Follow-Up Visit:</u> \$200.00	\$200.00 <u>Follow-Up Visit:</u> \$200.00
Mountain Valley Eye Institute 720 6 th Street Evanston, WY 82930 (435) 658-3090 Contact: Receptionist (05/20/2024)	<u>Initial Visit:</u> \$500.00 <u>Follow-Up Visit:</u> \$300.00	<u>Initial Visit:</u> \$500.00 <u>Follow-Up Visit:</u> \$300.00
Green River, WY LOCAL AVERAGE COSTS		
PROVIDER	SERVICE	AVERAGE TOTAL COSTS
Ophthalmologist	Initial Visit	\$350.00
Ophthalmologist	Follow-Up Visit	\$250.00
Ophthalmology NATIONAL, REGIONAL, & LOCAL AVERAGE COSTS		
PROVIDER	SERVICE	AVERAGE TOTAL COSTS
Ophthalmologist	Initial Visit	\$362.56
Ophthalmologist	Follow-Up Visit	\$252.12

WADSWORTH, Stephanie
Green River, WY

INTERNAL MEDICINE						
NATIONAL COSTS PMIC Medical Fees 2024						
PROVIDER		CPT CODES & CHARGES			AVERAGE NATIONAL COSTS	
Internist Initial Visit		CPT 99203: \$298.00 CPT 99204: \$456.00			\$377.00	
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	227	298	375	110	3.35
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	348	456	573	164	5.02
PMIC Medical Fees 75% 2024: Page 39						
Internist Follow-Up Visit		CPT 99213: \$207.00 CPT 99214: \$304.00			\$255.50	
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	156	207	264	89	2.73
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	229	304	387	126	3.85
PMIC Medical Fees 75% 2024: Pages 39-40						
REGIONAL COSTS Green River, WY PMIC Medical Fees 2024						
PROVIDER		SERVICES & CHARGES			AVERAGE REGIONAL COSTS	
Internist Initial Visit		CPT 99203: \$295.02 CPT 99204: \$451.44			\$373.23	

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99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	227	298	375	110	3.35
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	348	456	573	164	5.02
PMIC Medical Fees 75% 2024: Page 39						
Wyoming**		03602	21	1.000	1.000	0.739 0.990
PMIC Medical Fees 75% 2024: Page 684						
Internist	CPT 99213: \$204.93	\$252.95				
Follow-Up Visit	CPT 99214: \$300.96					
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	156	207	264	89	2.73
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	229	304	387	126	3.85
PMIC Medical Fees 75% 2024: Pages 39-40						
Wyoming**		03602	21	1.000	1.000	0.739 0.990
PMIC Medical Fees 75% 2024: Page 684						
AVERAGE NATIONAL & REGIONAL COSTS						
PROVIDER	SERVICE	AVERAGE NATIONAL & REGIONAL COSTS				
Internist	Initial Visit	\$375.12				
Internist	Follow-Up Visit	\$254.23				
LOCAL COSTS						
Green River, WY						
PROVIDER	SERVICES & CHARGES	AVERAGE LOCAL COSTS				
Castle Rock Med Ctr Family Medicine	Initial Visit:	Initial Visit:				

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1400 Uinta Drive Green River, WY 82935 (307) 872-4500 Contact: Angie (05/21/2024)	\$150.00-\$390.00 <u>Follow-Up Visit:</u> \$150.00	\$270.00 <u>Follow-Up Visit:</u> \$150.00
Best Family Care 520 Wilkes Drive Green River, WY 92835 (307) 212-6242 Contact: Stacey (05/21/2024)	<u>Initial Visit:</u> \$300.00 <u>Follow-Up Visit:</u> \$300.00	<u>Initial Visit:</u> \$300.00 <u>Follow-Up Visit:</u> \$300.00
Green River, WY LOCAL AVERAGE COSTS		
PROVIDER	SERVICE	AVERAGE TOTAL COSTS
Internist	Initial Visit	\$285.00
Internist	Follow-Up Visit	\$225.00
Internal Medicine NATIONAL, REGIONAL, & LOCAL AVERAGE COSTS		
PROVIDER	SERVICE	AVERAGE TOTAL COSTS
Internist	Initial Visit	\$330.06
Internist	Follow-Up Visit	\$239.62

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PSYCHIATRY						
NATIONAL COSTS PMIC Medical Fees 2024						
PROVIDER	CPT CODES	AVERAGE NATIONAL COSTS				
Psychiatrist Evaluation with Medical Services	CPT 90792	\$427.00				
90792 Psychiatric diagnostic evaluation with medical services		345	427	561	191	5.82
PMIC Medical Fees 75% 2024: page 583						
Psychiatrist Med Mgmt. with Psychotherapy	CPT 90863	\$110.00				
90863 Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (list separately in addition to the code for primary procedure)		77	110	161	25	0.75
PMIC Medical Fees 75% 2024: Page 584						
Psychiatrist Family Psychotherapy with Patient	CPT 90847	\$234.00				
90847 Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes		164	234	343	101	3.07
PMIC Medical Fees 75% 2024: Page 584						
REGIONAL COSTS Green River, WY PMIC Medical Fees 2024						
Psychiatrist Evaluation with Medical Services	CPT 90792	\$422.73				
90792 Psychiatric diagnostic evaluation with medical services		345	427	561	191	5.82
PMIC Medical Fees 75% 2024: page 583						
Wyoming**	03602	21	1.000	1.000	0.739	0.990
PMIC Medical Fees 75% 2024: Page 684						
Psychiatrist Med Mgmt. with Psychotherapy	CPT 90863	\$108.90				
90863 Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (list separately in addition to the code for primary procedure)		77	110	161	25	0.75
PMIC Medical Fees 75% 2024: Page 584						
Wyoming**	03602	21	1.000	1.000	0.739	0.990
PMIC Medical Fees 75% 2024: Page 684						







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Psychiatrist Family Psychotherapy with Patient	CPT 90847	\$231.66
90847 Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	164 234 343 101 3.07	
Wyoming**	PMIC Medical Fees 75% 2024: Page 584 03602 21 1.000 1.000 0.739 0.990 PMIC Medical Fees 75% 2024: Page 684	
NATIONAL & REGIONAL COSTS Green River, WY		
PROVIDER	SERVICE	AVERAGE NATIONAL & REGIONAL COSTS
Psychiatrist	Initial Visit	\$424.87
Psychiatrist	Med Mgmt./Psychotherapy	\$109.45
Psychiatrist	Family Counseling	\$232.83
LOCAL COSTS Green River, WY		
PROVIDER	SERVICES & CHARGES	AVERAGE LOCAL COSTS
High Country Behavioral Health 190 Overthrust Road Evanston, WY 82930 (307) 789-4224 Contact: Robin (05/21/2024)	<u>Initial Visit</u> : \$215.00	<u>Initial Visit</u> : \$215.00
	<u>Follow-Up Visit</u> : \$125.00	<u>Follow-Up Visit</u> : \$125.00
	<u>Family Counseling</u> : \$200.00	<u>Family Counseling</u> : \$200.00
Amy Parry, DNP, APRN Evanston, WY 82930 (801) 516-3214 Contact: Receptionist (05/20/2024)	<u>Initial Visit</u> : \$305.00	<u>Initial Visit</u> : \$305.00
	<u>Follow-Up Visit</u> : \$305.00	<u>Follow-Up Visit</u> : \$305.00
	<u>Family Counseling</u> : \$305.00	<u>Family Counseling</u> : \$305.00
LOCAL AVERAGE COSTS Green River, WY		
PROVIDER	SERVICE	AVERAGE LOCAL COSTS
Psychiatrist	Initial Visit	\$260.00
Psychiatrist	Med Mgmt./Psychotherapy	\$215.00
Psychiatrist	Family Counseling	\$252.50
Psychiatry NATIONAL, REGIONAL, & LOCAL AVERAGE COSTS		
PROVIDER	SERVICE	AVERAGE TOTAL COSTS
Psychiatrist	Initial Visit	\$342.44
Psychiatrist	Med Mgmt./Psychotherapy	\$162.23
Psychiatrist	Family Counseling	\$242.67

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Green River, WY

PSYCHOLOGY						
NATIONAL COSTS PMIC Medical Fees 2024						
PROVIDER	CPT CODES		AVERAGE NATIONAL COSTS			
Psychologist Initial Evaluation	CPT 90791		\$283.00			
90791	Psychiatric diagnostic evaluation	229	283	373	169	5.17
PMIC Medical Fees 75% 2024: Page 583						
Psychologist Individual Psychotherapy	CPT 90837		\$222.00			
90837	Psychotherapy, 60 minutes with patient	179	222	292	150	4.57
PMIC Medical Fees 75% 2024: Page 584						
Psychologist Family Psychotherapy with Pt.	CPT 90847		\$234.00			
90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	164	234	343	101	3.07
PMIC Medical Fees 75% 2024: Page 584						
REGIONAL COSTS Green River, WY PMIC Medical Fees 2024						
PROVIDER	CPT CODES		AVERAGE REGIONAL COSTS			
Psychologist Initial Evaluation	CPT 90791		\$280.17			
90791	Psychiatric diagnostic evaluation	229	283	373	169	5.17
PMIC Medical Fees 75% 2024: Page 583						
Wyoming**		03602	21	1.000	1.000	0.739
PMIC Medical Fees 75% 2024: Page 684						
Psychologist Individual Psychotherapy	CPT 90837		\$219.78			
90837	Psychotherapy, 60 minutes with patient	179	222	292	150	4.57
PMIC Medical Fees 75% 2024: Page 584						
Wyoming**		03602	21	1.000	1.000	0.739
PMIC Medical Fees 75% 2024: Page 684						
Psychologist Family Psychotherapy with Pt.	CPT 90847		\$231.66			
90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	164	234	343	101	3.07

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PMIC Medical Fees 75% 2024: Page 584		
Wyoming**	03602	21 1.000 1.000 0.739 0.990
PMIC Medical Fees 75% 2024: Page 684		
AVERAGE NATIONAL & REGIONAL COSTS		
Green River, WY		
PROVIDER	SERVICE	AVERAGE NATIONAL & REGIONAL COSTS
Psychologist	Initial Visit	\$281.59
Psychologist	Individual Therapy	\$220.89
Psychologist	Family Counseling	\$232.83
LOCAL COSTS		
Green River, WY		
PROVIDER	SERVICES & CHARGES	AVERAGE LOCAL COSTS
High Point Counseling 1208 Hilltop Drive Rock Springs, WY 82901 (307) 212-8014 psychologytoday.com	<u>Initial Visit</u> : \$190.00	<u>Initial Visit</u> : \$190.00
	<u>Individual</u> : \$190.00	<u>Individual</u> : \$190.00
	<u>Family Counseling</u> : \$190.00	<u>Family Counseling</u> : \$190.00
 I specialize in Anxiety, Depression and Grief >  Verified by Psychology Today  \$190 Per Session, I accept insurance >   Rock Springs, WY 82901  I see individuals, couples and families >		
Frontier Psych Associates 724 Front Street Evanston, WY 82930 (307) 789-6773 Contact: Receptionist (05/21/2024)	<u>Initial Visit</u> : \$185.00	<u>Initial Visit</u> : \$185.00
	<u>Individual</u> : \$160.00	<u>Individual</u> : \$160.00
	<u>Family Counseling</u> : \$160.00	<u>Family Counseling</u> : \$160.00
LOCAL AVERAGE COSTS		
Green River, WY		
PROVIDER	SERVICE	AVERAGE TOTAL COSTS
Psychologist	Initial Visit	\$187.50
Psychologist	Individual Therapy	\$175.00
Psychologist	Family Counseling	\$175.00
Psychology		
NATIONAL, REGIONAL, & LOCAL AVERAGE COSTS		
PROVIDER	SERVICE	AVERAGE TOTAL COSTS
Psychologist	Initial Visit	\$234.55
Psychologist	Individual Therapy	\$197.95
Psychologist	Family Counseling	\$203.92

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PHYSICAL THERAPY						
NATIONAL COSTS						
PMIC Medical Fees 2024						
PROVIDER	CPT CODES & CHARGES			AVERAGE NATIONAL COSTS		
Physical Therapy Initial Evaluation	CPT 97163			\$262.00		
97163	Physical therapy evaluation: high complexity, requiring these components: a history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; an examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; a clinical presentation with unstable and unpredictable characteristics; and clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.	206	262	334	99	3.01
PMIC Medical Fees 75% 2024: Page 665						
Physical Therapy Therapeutic Session	CPT 97110 \$82.00/15 minute			\$328.00/60 minute session		
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	65	82	105	29	0.88
PMIC Medical Fees 75% 2024: Page 662						
REGIONAL COSTS						
PMIC Medical Fees 2024						
Green River, WY						
PROVIDER	CPT CODES			AVERAGE REGIONAL COSTS		
Physical Therapy Initial Evaluation	CPT 97163			\$259.38		

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97163	Physical therapy evaluation: high complexity, requiring these components: a history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; an examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; a clinical presentation with unstable and unpredictable characteristics; and clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.	206	262	334	99	3.01
PMIC Medical Fees 75% 2024: Page 665						
Wyoming**		03602	21	1.000	1.000	0.739 0.990
PMIC Medical Fees 75% 2024: Page 684						
Physical Therapy Therapeutic Session		CPT 97110 \$81.18/15 minutes		\$324.72/60 minute session		
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	65	82	105	29	0.88
PMIC Medical Fees 75% 2024: Page 662						
Wyoming**		03602	21	1.000	1.000	0.739 0.990
PMIC Medical Fees 75% 2024: Page 684						
Physical Therapy NATIONAL & REGIONAL AVERAGE COSTS						
PROVIDER	SERVICES & COSTS		AVERAGE TOTAL COSTS			
Physical Therapy	Initial Evaluation		\$260.69			
Physical Therapy	Therapeutic Session		\$326.36			

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OCCUPATIONAL THERAPY						
NATIONAL COSTS Medical Fees 2024						
PROVIDER	CPT CODES & CHARGES	AVERAGE NATIONAL COSTS				
Occupational Therapy Initial Evaluation	CPT 97166	\$225.00				
97166	Occupational therapy evaluation, moderate complexity, requiring these components: an occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; an assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family.	177	225	288	100	3.04
PMIC Medical Fees 2024 75%: Page 666						
Occupational Therapy Therapeutic Session	CPT 97530: \$92.00/15 minutes	\$368.00/60 minute session				
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	72	92	117	36	1.1
PMIC Medical Fees 2024 75%: Page 668						
REGIONAL COSTS PMIC Medical Fees 2024 Green River, WY						
PROVIDER	CPT CODES	AVERAGE REGIONAL COSTS				
Occupational Therapy Initial Evaluation	CPT 97162	\$222.75				

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97166	Occupational therapy evaluation, moderate complexity, requiring these components: an occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; an assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family.	177	225	288	100	3.04
PMIC Medical Fees 2024 75%: Page 666						
Wyoming**		03602	21	1.000	1.000	0.739 0.990
PMIC Medical Fees 75% 2024: Page 684						
Occupational Therapy	CPT 97530:	\$364.32/60 minutes				
Therapeutic Session	\$91.08/15 minutes					
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	72	92	117	36	1.1
PMIC Medical Fees 2024 75%: Page 668						
Wyoming**		03602	21	1.000	1.000	0.739 0.990
PMIC Medical Fees 75% 2024: Page 684						
Occupational Therapy						
NATIONAL & REGIONAL AVERAGE COSTS						
PROVIDER	SERVICES & COSTS	AVERAGE TOTAL COSTS				
Occupational Therapy	Initial Evaluation	\$223.88				
Occupational Therapy	Therapeutic Session	\$366.16				

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PODIATRY						
NATIONAL COSTS						
PMIC Medical Fees 2024						
PROVIDER	CPT CODES & CHARGES			AVERAGE NATIONAL COSTS		
Podiatrist Initial Visit	CPT 99203: \$298.00 CPT 99204: \$456.00			\$377.00		
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	227	298	375	110	3.35
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	348	456	573	164	5.02
PMIC Medical Fees 75% 2024: Page 39						
Podiatrist Follow-Up Visit	CPT 99213: \$207.00 CPT 99214: \$304.00			\$255.50		
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	156	207	264	89	2.73
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	229	304	387	126	3.85
PMIC Medical Fees 75% 2024: Pages 39-40						
REGIONAL COSTS						
Green River, WY						
PMIC Medical Fees 2024						
PROVIDER	SERVICES & CHARGES			AVERAGE REGIONAL COSTS		
Podiatrist Initial Visit	CPT 99203: \$295.02 CPT 99204: \$451.44			\$373.23		

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99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	227	298	375	110	3.35
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	348	456	573	164	5.02
PMIC Medical Fees 75% 2024: Page 39						
Wyoming**		03602	21	1.000	1.000	0.739 0.990
PMIC Medical Fees 75% 2024: Page 684						
Podiatrist Follow-Up Visit		CPT 99213: \$204.93 CPT 99214: \$300.96		\$252.95		
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	156	207	264	89	2.73
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	229	304	387	126	3.85
PMIC Medical Fees 75% 2024: Pages 39-40						
Wyoming**		03602	21	1.000	1.000	0.739 0.990
PMIC Medical Fees 75% 2024: Page 684						
AVERAGE NATIONAL & REGIONAL COSTS						
PROVIDER		SERVICE		AVERAGE NATIONAL & REGIONAL COSTS		
Podiatrist		Initial Visit		\$375.12		
Podiatrist		Follow-Up Visit		\$254.23		
LOCAL COSTS Green River, WY						
PROVIDER		SERVICES & CHARGES		AVERAGE LOCAL COSTS		
Sweetwater Foot Care		Initial Visit:		Initial Visit:		

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2631 Foothill Blvd Rock Springs, WY 82901 (307) 362-9545 Contact: Illiana (05/21/2024)	\$133.00 <u>Follow-Up Visit:</u> \$133.00	\$133.00 <u>Follow-Up Visit:</u> \$133.00
Unita Medical Group Podiatry/Foot & Ankle Care 196 Arrowhead Drive Evanston, WY 82930 (307) 789-9355 Contact: Courtney/Allie (05/21/2024)	<u>Initial Visit:</u> \$350.00 <u>Follow-Up Visit:</u> \$300.00	<u>Initial Visit:</u> \$350.00 <u>Follow-Up Visit:</u> \$300.00
Green River, WY LOCAL AVERAGE COSTS		
PROVIDER	SERVICE	AVERAGE TOTAL COSTS
Podiatrist	Initial Visit	\$241.50
Podiatrist	Follow-Up Visit	\$216.50
Podiatry NATIONAL, REGIONAL, & LOCAL AVERAGE COSTS		
PROVIDER	SERVICE	AVERAGE TOTAL COSTS
Podiatrist	Initial Visit	\$308.31
Podiatrist	Follow-Up Visit	\$235.37




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NUTRITION SERVICES						
NATIONAL COSTS						
PMIC Medical Fees 2024						
PROVIDER	CPT CODES & CHARGES			AVERAGE NATIONAL COSTS		
Nutritional Evaluation	CPT 97802: \$78.00/15 minutes			\$312.00/60 minutes		
97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes	61	78	99	36	1.09
PMIC Medical Fees 2024: Page 670						
Nutritional Counseling	CPT 97803: \$67.00/15 minutes			\$134.00/30 minute session		
97803	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes	52	67	85	31	0.95
PMIC Medical Fees 2024: Page 671						
REGIONAL COSTS						
PMIC Medical Fees 2024						
Green River, WY						
PROVIDER	SERVICES & CHARGES			AVERAGE REGIONAL COSTS		
Nutritional Evaluation	CPT 97802: \$77.22/15 minutes			\$308.88/60 minutes		
97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes	61	78	99	36	1.09
PMIC Medical Fees 2024: Page 670						
Wyoming**	03602	21	1.000	1.000	0.739	0.990
PMIC Medical Fees 75% 2024: Page 684						
Nutritional Counseling	CPT 97803: \$66.33/15 minutes			\$132.66/30 minutes		
97803	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes	52	67	85	31	0.95
PMIC Medical Fees 2024: Page 671						
Wyoming**	03602	21	1.000	1.000	0.739	0.990
PMIC Medical Fees 75% 2024: Page 684						
AVERAGE NATIONAL & REGIONAL COSTS						
Green River, WY						
PROVIDER	SERVICE			AVERAGE NATIONAL & REGIONAL COSTS		
Nutritional Evaluation	Initial Visit			\$310.44		
Nutritional Counseling	Follow-up Visit			\$133.33		

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VOCATIONAL REHABILITATION						
NATIONAL COSTS						
PMIC Medical Fees 2024						
PROVIDER	CPT CODES & CHARGES			AVERAGE NATIONAL COSTS		
Vocational Evaluation	CPT 97537: \$420.00/Hour \$105.00/15 minutes (4-5 Hours)			\$1,890.00		
97537	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes	82	105	134	31	0.95
PMIC Medical Fees 2024: Page 668						
Vocational Counseling	CPT 90837			\$222.00		
90837	Psychotherapy, 60 minutes with patient	179	222	292	150	4.57
PMIC Medical Fees 75% 2024: Page 583						
REGIONAL COSTS						
PMIC Medical Fees 2024						
PROVIDER	CPT CODES & CHARGES			AVERAGE REGIONAL COSTS		
Vocational Evaluation	CPT 97537: \$415.80 \$103.95/15 minutes (4-5 Hours)			\$1,871.10		
97537	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes	82	105	134	31	0.95
PMIC Medical Fees 2024: Page 668						
Wyoming**	03602	21	1.000	1.000	0.739	0.990
PMIC Medical Fees 75% 2024: Page 684						
Vocational Counseling	CPT 90837			\$219.78		
90837	Psychotherapy, 60 minutes with patient	179	222	292	150	4.57
PMIC Medical Fees 75% 2024: Page 583						
Wyoming**	03602	21	1.000	1.000	0.739	0.990
PMIC Medical Fees 75% 2024: Page 684						
AVERAGE NATIONAL & REGIONAL COSTS						
Green River, WY						
PROVIDER	SERVICE			AVERAGE NATIONAL & REGIONAL COSTS		

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Vocational Evaluation	Assessment	\$1,880.55
Vocational Counseling	Counseling	\$220.89
SPECIFIC LOCAL COSTS Green River, WY		
PROVIDER	SERVICES & CHARGES	AVERAGE LOCAL COSTS
Pioneer Counseling Services 350 City View Drive Evanston, WY 82930 (307) 789-7915 Contact: Receptionist (05/21/2024)	<u>Vocational Counseling</u> \$150.00/Hour	<u>Vocational Counseling</u> \$150.00/Hour
Wellness Associates 1471 Dewar Drive Rock Springs, WY 82901 (307) 242-6718 Contact: psychologytoday.com	<u>Vocational Counseling</u> \$180.00/Hour	<u>Vocational Counseling</u> \$180.00/Hour
<div> <div> Wellness Associates Counselor  Verified by Psychology Today </div> <div>  I specialize in Trauma and PTSD, LGBTQ+ and Depression with expertise in Career Counseling >  \$180 Per Session, I accept insurance > </div> </div>		
AVERAGE SPECIFIC LOCAL COSTS Green River, WY		
PROVIDER	SERVICE	AVERAGE LOCAL COSTS
Vocational Evaluation	Assessment	N/A
Vocational Counseling	Counseling	\$165.00
Vocational Rehabilitation AVERAGE NATIONAL, REGIONAL & LOCAL COSTS		
PROVIDER	SERVICE	AVERAGE NATIONAL, REGIONAL & LOCAL COSTS
Local Provider	Vocational Evaluation	\$1,880.55
Local Provider	Vocational Counseling	\$165.00

WADSWORTH, Stephanie
Green River, WY

ERGONOMIC ASSESSMENT						
NATIONAL COSTS PMIC Medical Fees 2024						
PROVIDER	CPT CODES & CHARGES			AVERAGE NATIONAL COSTS		
Ergonomic Assessment Workplace	CPT 97537: \$420.00/Hour \$105.00/15 minutes (2-4 Hours)			\$1,260.00		
97537	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes	82	105	134	31	0.95
PMIC Medical Fees 2024: Page 668						
Ergonomic Assessment Home	CPT 97537: \$420.00/Hour \$105.00/15 minutes (2-4 Hours)			\$1,260.00		
97537	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes	82	105	134	31	0.95
PMIC Medical Fees 2024: Page 668						
REGIONAL COSTS Green River, WY PMIC Medical Fees 2024						
PROVIDER	CPT CODES & CHARGES			AVERAGE REGIONAL COSTS		
Ergonomic Assessment Workplace	CPT 97537: \$415.80 \$103.95/15 minutes (2-4 Hours)			\$1,247.40		
97537	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes	82	105	134	31	0.95
PMIC Medical Fees 2024: Page 668						
Wyoming**	03602	21	1.000	1.000	0.739	0.990
PMIC Medical Fees 75% 2024: Page 684						
Ergonomic Assessment Home	CPT 97537: \$415.80 \$103.95/15 minutes (2-4 Hours)			\$1,247.40		

WADSWORTH, Stephanie
Green River, WY

97537	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes	82	105	134	31	0.95
PMIC Medical Fees 2024: Page 668						
Wyoming**		03602	21	1.000	1.000	0.739 0.990
PMIC Medical Fees 75% 2024: Page 684						
AVERAGE NATIONAL & REGIONAL COSTS						
Green River, WY						
PROVIDER	SERVICE	AVERAGE NATIONAL & REGIONAL COSTS				
Ergonomic Assessment	Workplace Assessment	\$1,247.40				
Ergonomic Assessment	Home Assessment	\$1,247.40				
Ergonomic Assessment						
NATIONAL & REGIONAL AVERAGE COSTS						
PROVIDER	SERVICE	AVERAGE COSTS				
Ergonomic Provider	Workplace Assessment	\$1,253.70				
Ergonomic Provider	Home Assessment	\$1,253.70				

WADSWORTH, Stephanie
Green River, WY

Comprehensive Neurocognitive Multi-Modal Therapy Program NEUROPSYCHOLOGY						
NATIONAL COSTS PMIC Medical Fees 2024						
PROVIDER	CPT CODES & CHARGES	AVERAGE NATIONAL COSTS				
Neuropsychology Testing Evaluation (10 Hours)	CPT 96132: Evaluation \$400.00/First Hour CPT 96133: Evaluation \$357.00/Second Hour CPT 96136: Test Administration First 30 Minutes: \$177.00 CPT 96137: Test Administration Each Additional 30 Min \$157.00/30 min x 15 Units/Hours= \$2,355.00	\$3,289.00				
96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	268	400	684	126	3.85
PMIC Medical Fees 2024 75%: Page 655						
96133	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (list separately in addition to code for primary procedure)	238	357	609	96	2.92
PMIC Medical Fees 2024 75%: Page 655						
96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	118	177	302	41	1.25
96137	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (list separately in addition to code for primary procedure)	105	157	268	37	1.13

WADSWORTH, Stephanie
Green River, WY

PMIC Medical Fees 2024 75%: Page 655						
Neuropsychology Follow-Up Visit	CPT 90836	\$225.00				
90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (list separately in addition to the code for primary procedure)	182	225	296	89	2.73
PMIC Medical Fees 2024 75%: Page 584						
Neuropsychology Cognitive Rehabilitation	CPT 97129: (First 15 min): \$60.00 CPT 97130: (45 min): \$57.00/15 min (\$171.00/45 min)	\$231.00				
97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes	47	60	76	22	0.67
PMIC Medical Fees 2024 75%: Page 663						
97130	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (list separately in addition to code for primary procedure)	45	57	73	21	0.64
PMIC Medical Fees 2024 75%: Page 663						
REGIONAL COSTS PMIC Medical Fees 2024 Green River, WY						
PROVIDER	CPT CODES & CHARGES	AVERAGE REGIONAL COSTS				
Neuropsychology Testing Evaluation (10 Hours)	CPT 96132: Evaluation \$396.00/First Hour CPT 96133: Evaluation \$353.43/Second Hour	\$3,256.11				

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	CPT 96136: Test Administration First 30 min: \$175.23 CPT 96137: Test Administration Each Additional 30 min \$155.43/30 min x 15 Units= \$2,331.45					
96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	268	400	684	126	3.85
PMIC Medical Fees 2024 75%: Page 655						
96133	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (list separately in addition to code for primary procedure)	238	357	609	96	2.92
PMIC Medical Fees 2024 75%: Page 655						
96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	118	177	302	41	1.25
96137	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (list separately in addition to code for primary procedure)	105	157	268	37	1.13
PMIC Medical Fees 2024 75%: Page 655						
Wyoming**	03602	21	1.000	1.000	0.739	0.990
PMIC Medical Fees 75% 2024: Page 684						
Neuropsychology	CPT 90836					\$222.75
Follow-Up Visit						
90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (list separately in addition to the code for primary procedure)	182	225	296	89	2.73
PMIC Medical Fees 2024 75%: Page 584						

WADSWORTH, Stephanie
Green River, WY

Wyoming**		03602	21	1.000	1.000	0.739	0.990
PMIC Medical Fees 75% 2024: Page 684							
Neuropsychology Cognitive Rehabilitation		CPT 97129: First 15 min: \$59.40 CPT 97130: 45 min: \$56.43/15 min (\$169.29/45 min)		\$228.69			
97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes	47	60	76	22	0.67	
PMIC Medical Fees 2024 75%: Page 663							
Wyoming**		03602	21	1.000	1.000	0.739	0.990
PMIC Medical Fees 75% 2024: Page 684							
97130	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (list separately in addition to code for primary procedure)	45	57	73	21	0.64	
PMIC Medical Fees 2024 75%: Page 663							
Wyoming**		03602	21	1.000	1.000	0.739	0.990
PMIC Medical Fees 75% 2024: Page 684							
NATIONAL & REGIONAL AVERAGE COSTS							
Green River, WY							
PROVIDER		SERVICES & CHARGES		AVERAGE TOTAL COSTS			
Neuropsychologist		Testing		\$3,272.56			
Neuropsychologist		Follow-Up Visit		\$223.88			
Neuropsychologist		Cognitive Rehabilitation		\$229.85			
SPECIFIC LOCAL COSTS							
Green River, WY							
PROVIDER		SERVICES & CHARGES		AVERAGE LOCAL COSTS			
Frontier Psychological Associates 724 Front Street		Neuropsychological Testing: \$2,000.00		Neuropsychological Testing: \$2,000.00			

WADSWORTH, Stephanie
Green River, WY

Evanston, WY 82930 (307) 789-6773 Contact: Receptionist (05/21/2024)	<u>Neuropsychology</u> <u>Follow-up Visit: \$180.00</u>	<u>Neuropsychology Follow-up</u> <u>Visit: \$180.00</u>
Wyoming Neurologic Associates 2546 East 2 nd Street Casper, WY 82609 (307) 265-4343 Contact: Tiffany (05/21/2024)	<u>Neuropsychology</u> <u>Cognitive Evaluation:</u> \$2,500.00 <u>Neuropsychology</u> <u>Follow-up Visit: \$250.00</u>	<u>Neuropsychology</u> <u>Cognitive Evaluation:</u> \$2,500.00 <u>Neuropsychology</u> <u>Follow-up Visit: \$250.00</u>
AVERAGE SPECIFIC LOCAL COSTS Green River, WY		
PROVIDER	SERVICE	AVERAGE LOCAL COSTS
Neuropsychology	Testing	\$2,250.00
Neuropsychology	Follow-Up Visit	\$215.00
Neuropsychology	Cognitive Rehabilitation	N/A
Neuropsychology NATIONAL, REGIONAL & LOCAL AVERAGE COSTS		
PROVIDER	SERVICE	AVERAGE COSTS
Neuropsychology	Testing	\$2,761.28
Neuropsychology	Follow-Up Visit	\$219.44
Neuropsychology	Cognitive Rehabilitation	\$229.85

WADSWORTH, Stephanie
Green River, WY

COMPREHENSIVE NEUROCOGNITIVE MULTI-MODAL THERAPY PROGRAM						
Speech & Language						
NATIONAL COSTS						
PMIC Medical Fees 2024						
PROVIDER	CPT CODES	AVERAGE NATIONAL COSTS				
Cognitive Speech Therapy Cognitive Evaluation	CPT 92523	\$405.00				
92523	Evaluation of speech sound production (eg, articulation, phonological process, apraxia,	306	405	509	224	6.84
PMIC Medical Fees 75% 2024: Page 597						
Cognitive Speech Therapy Cognitive Therapy Visit	CPT 97129: First 15 min: \$60.00 CPT 97130: 45 min: \$57.00/15 min (\$171.00/45 min)	\$231.00				
97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes	47	60	76	22	0.67
PMIC Medical Fees 2024 75%: Page 663						
97130	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (list separately in addition to code for primary procedure)	45	57	73	21	0.64
PMIC Medical Fees 2024 75%: Page 663						
REGIONAL COSTS						
Green River, WY						
Cognitive Speech Therapy Cognitive Evaluation	CPT 92523	\$400.95				
92523	Evaluation of speech sound production (eg, articulation, phonological process, apraxia,	306	405	509	224	6.84
PMIC Medical Fees 75% 2024: Page 597						

WADSWORTH, Stephanie
Green River, WY

Wyoming**		03602	21	1.000	1.000	0.739	0.990
PMIC Medical Fees 75% 2024: Page 684							
Cognitive Speech Therapy Cognitive Therapy Visit		CPT 97129: First 15 min: \$59.40 CPT 97130: 45 min: \$56.43/15 min (\$169.29/45 min)			\$228.69		
97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes	47	60	76	22	0.67	
PMIC Medical Fees 2024 75%: Page 663							
Wyoming**		03602	21	1.000	1.000	0.739	0.990
PMIC Medical Fees 75% 2024: Page 684							
97130	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (list separately in addition to code for primary procedure)	45	57	73	21	0.64	
PMIC Medical Fees 2024 75%: Page 663							
Wyoming**		03602	21	1.000	1.000	0.739	0.990
PMIC Medical Fees 75% 2024: Page 684							
AVERAGE SPECIFIC NATIONAL/REGIONAL COSTS							
Green River, WY							
PROVIDER	SERVICE	AVERAGE REGIONAL COSTS					
Cognitive Speech Therapy	Cognitive Evaluation	\$400.95					
Cognitive Speech Therapy	Cognitive Therapy Visit	\$228.69					
Comprehensive Neurocognitive Multi-Modal Therapy Program							
Speech & Language							
NATIONAL & LOCAL AVERAGE COSTS							
PROVIDER	SERVICE	AVERAGE COSTS					
Cognitive Speech Therapy	Cognitive Evaluation	\$402.98					
Cognitive Speech Therapy	Cognitive Therapy Visit	\$229.85					

WADSWORTH, Stephanie
Green River, WY

COMPREHENSIVE NEUROCOGNITIVE MULTI-MODAL THERAPY PROGRAM						
Cognitive Occupational Therapy						
NATIONAL COSTS						
PMIC Medical Fees 2024						
PROVIDER	CPT CODES	AVERAGE NATIONAL COSTS				
Cognitive Occupational Therapy Evaluation	CPT 97167	\$257.00				
97167	Occupational therapy evaluation, high complexity, requiring these components: an occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; an assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family.	202	257	328	100	3.04
PMIC Medical Fees 2024 75%: Page 666						
Cognitive Occupational Therapy Cognitive Therapy Visit	CPT 97129: First 15 min: \$60.00 CPT 97130: 45 minutes \$57.00/15 min (\$171.00/45 min)	\$231.00				
97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes	47	60	76	22	0.67
PMIC Medical Fees 2024 75%: Page 663						

WADSWORTH, Stephanie
Green River, WY

97130	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (list separately in addition to code for primary procedure)	45	57	73	21	0.64
PMIC Medical Fees 2024 75%: Page 663						
REGIONAL COSTS PMIC Medical Fees 2024 Green River, WY						
PROVIDER	CPT CODES	AVERAGE REGIONAL COSTS				
Cognitive Occupational Therapy Evaluation	CPT 97167	\$254.43				
97167	Occupational therapy evaluation, high complexity, requiring these components: an occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; an assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family.	202	257	328	100	3.04
PMIC Medical Fees 2024 75%: Page 666						
Wyoming**	03602	21	1.000	1.000	0.739	0.990
PMIC Medical Fees 75% 2024: Page 684						
Cognitive Occupational Therapy Cognitive Therapy Visit	CPT 97129: First 15 min: \$59.40 CPT 97130: 45 min: \$56.43/15 min (\$169.29/45 min)	\$228.69				


WADSWORTH, Stephanie
Green River, WY

97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes	47	60	76	22	0.67
PMIC Medical Fees 2024 75%: Page 663						
Wyoming**	03602	21	1.000	1.000	0.739	0.990
PMIC Medical Fees 75% 2024: Page 684						
97130	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (list separately in addition to code for primary procedure)	45	57	73	21	0.64
PMIC Medical Fees 2024 75%: Page 663						
Wyoming**	03602	21	1.000	1.000	0.739	0.990
PMIC Medical Fees 75% 2024: Page 684						
Comprehensive Neurocognitive Multi-Modal Therapy Program Cognitive Occupational Therapy NATIONAL & REGIONAL AVERAGE COSTS						
PROVIDER		SERVICE		AVERAGE COSTS		
Cognitive Occupational Therapy		Cognitive Evaluation		\$255.72		
Cognitive Occupational Therapy		Cognitive Therapy Visit		\$229.85		

WADSWORTH, Stephanie
Green River, WY

COMPREHENSIVE NEUROCOGNITIVE MULTI-MODAL THERAPY PROGRAM									
Cognitive Education & Group Therapy									
NATIONAL COSTS									
PMIC Medical Fees 2024									
PROVIDER		CPT CODES & CHARGES				AVERAGE NATIONAL COSTS			
Brain Injury Education Neuropsychology Directed		CPT 90853				\$80.00			
90853	Group psychotherapy (other than of a multiple-family group)	56	80	117	27	0.83			
PMIC Medical Fees 75% 2024: Page 584									
Group Therapy OT, Speech, Neuropsychology		CPT 97150				\$56.00			
97150	Therapeutic procedure(s), group (2 or more individuals)	44	56	71	18	0.54			
PMIC Medical Fees 75% 2024: Page 663									
REGIONAL COSTS									
PMIC Medical Fees 2024									
Green River, WY									
PROVIDER		CPT CODES & CHARGES				AVERAGE REGIONAL COSTS			
Brain Injury Education Neuropsychology Directed		CPT 90853				\$79.20			
90853	Group psychotherapy (other than of a multiple-family group)	56	80	117	27	0.83			
PMIC Medical Fees 75% 2024: Page 584									
Wyoming**		03602	21	1.000	1.000	0.739	0.990		
PMIC Medical Fees 75% 2024: Page 684									
Group Therapy OT, Speech, Neuropsychology		CPT 97150				\$55.44			
97150	Therapeutic procedure(s), group (2 or more individuals)	44	56	71	18	0.54			
PMIC Medical Fees 75% 2024: Page 663									
Wyoming**		03602	21	1.000	1.000	0.739	0.990		
PMIC Medical Fees 75% 2024: Page 684									
Comprehensive Neurocognitive Multi-Modal Therapy Program									
Cognitive Education & Therapy Group									
NATIONAL & REGIONAL AVERAGE COSTS									
PROVIDER		SERVICES & CHARGES				AVERAGE TOTAL COSTS			
Brain Injury Education		Education				\$79.60			
Group Therapy		OT/Speech/Neuropsychology Therapies				\$55.72			

WADSWORTH, Stephanie
Green River, WY



Context4 Reference-based Pricing UCR Fee Viewer

Please enter Service Date and Zip Code for all UCR searches. All percentiles between 50th and 95th will be returned. Select from dropdown if percentile between 25th and 45th is required.

For Professional fees, HCPCS fees, or Dental fees, enter the Procedure code and optionally, the Modifier and Percentile, below:

Service Date Procedure Code Modifier Zip Code Percentile

For Anesthesia fees, please enter the minutes below and Modifier Code P1-P5 above:

Minutes

For Outpatient Facility fees billed on a UB-84 form, enter the Type Of Bill (UB Box 4):

Bill Type

For Inpatient Facility fees, please enter DRG (UB Box 71) instead of the Procedure Code, Modifier and Bill Type.

DRG Code

Code: 96294	Description: EMERGENCY SEPT VENT WCU ADMIN
Percentiles	
90th : \$ 1331.22	75th : \$ 1077.34

WADSWORTH, Stephanie
Green River, WY

SEMI-PERMANENT TATTOO RIGHT EYELID						
NATIONAL COSTS						
PMIC Medical Fees 2024						
CPT & HOSPITAL CODING have been researched and assessed for estimating purposes via current pricing available. Actual medical coding and pricing is variable due to patient need at the time of actual procedures necessary and/or completed.						
PROVIDER		CPT CODES & CHARGES		AVERAGE NATIONAL COSTS		
Physician Fee: Semi-Permanent Tattoo Right Eyelid		CPT 11920		Physician Fee: \$756.00		
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less	575	756	988	198	6.04
PMIC Medical Fees 2024: Page 70						
SPECIFIC REGIONAL COSTS						
Green River, WY						
Medical Fees 2024 Adjusted to Green River, WY						
Context4 Healthcare 2024 adjusted to Green River, WY						
PROVIDER		SERVICES & CHARGES		AVERAGE REGIONAL COSTS		
Physician Fee Medical Fees 2024 adjusted to Green River, WY: \$748.44 Context4 Healthcare 2024 adjusted to Green River, WY: \$838.66		CPT 11920		Physician Fee: \$793.55		
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less	575	756	988	198	6.04
PMIC Medical Fees 2024: Page 70						
Wyoming**						
	03602	21	1.000	1.000	0.739	0.990
PMIC Medical Fees 75% 2024: Page 684						

WADSWORTH, Stephanie
Green River, WY

Context4 Reference-based Pricing UCR Fee Viewer™

Please enter Service Date and Zip Code for all UCR searches. All percentiles between 50th and 95th will be returned. Select from dropdown if percentile between 25th and 45th is required.

For Professional fees, HCPCS fees, or Dental fees, enter the Procedure code and optionally, the Modifier and Percentile, below.

Service Date: 02/15/2024 Procedure Code: 63026 Modifier: Modifier Zip Code: 82005 Percentile: ▼

For Anesthesia fees, please enter the minutes below and Modifier Code P1-P6 above.

Minutes: Minutes

For Outpatient Facility fees billed on a UB-04 form, enter the Type Of Bill (UB Box 4).

Bill Type: Bill Type

For inpatient Facility fees, please enter DRG (UB Box 71) instead of the Procedure Code, Modifier and Bill Type.

DRG Code: DRG Code

Submit Download Clear Help

Code: 63026 DEEP NECK SPINE DISK SURGERY
Percentiles
50th: \$ 4192.93 75th: \$ 5204.73

Context4 Reference-based Pricing UCR Fee Viewer™

Please enter Service Date and Zip Code for all UCR searches. All percentiles between 50th and 95th will be returned. Select from dropdown if percentile between 25th and 45th is required.

For Professional fees, HCPCS fees, or Dental fees, enter the Procedure code and optionally, the Modifier and Percentile, below.

Service Date: 02/15/2024 Procedure Code: 63028 Modifier: Modifier Zip Code: 82005 Percentile: ▼

For Anesthesia fees, please enter the minutes below and Modifier Code P1-P6 above.

Minutes: Minutes

For Outpatient Facility fees billed on a UB-04 form, enter the Type Of Bill (UB Box 4).

Bill Type: Bill Type

For inpatient Facility fees, please enter DRG (UB Box 71) instead of the Procedure Code, Modifier and Bill Type.

DRG Code: DRG Code

Submit Download Clear Help

Code: 63028 DEEP SPINAL DISK SURGERY ADD-ON
Percentiles
50th: \$ 793.37 75th: \$ 995.55

AVERAGE SPECIFIC REGIONAL COSTS

Green River, WY

PROVIDER	SERVICE	AVERAGE REGIONAL COSTS
TOTAL REGIONAL AVERAGE	Semi-Permanent Tattoo Right Eyelid	\$793.55

Semi-Permanent Tattoo Right Eyelid NATIONAL & REGIONAL AVERAGE COSTS

PROVIDER	SERVICE	AVERAGE TOTAL COSTS
TOTAL COST AVERAGE	Semi-Permanent Tattoo Right Eyelid	\$774.78

WADSWORTH, Stephanie
Green River, WY

IMAGING STUDIES						
NATIONAL COSTS						
PMIC Medical Fees 2024						
PROVIDER	CPT CODES & CHARGES			AVERAGE NATIONAL COSTS		
Shoulder X-Ray: Bilateral	CPT 73030			\$142.00 (Unilateral)		
73030	Radiologic examination, shoulder; complete, minimum of 2 views	107	142	204	34	1.05
PMIC Medical Fees 2024: Page 425						
Shoulder MRI: Bilateral With and Without Contrast	CPT 73223			\$2,985.00 (Unilateral)		
73223	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences	2255	2985	4277	391	11.95
PMIC Medical Fees 2024: Page 427						
Shoulder MRI: Bilateral Diagnostic Reading Fee	Diagnostic Reading Fee			\$494.00 (Unilateral)		
73223-26		373	494	708	99	3.03
PMIC Medical Fees 2024: Page 427						
Hand X-Ray: Bilateral	73130			\$145.00 (Unilateral)		
73130	Radiologic examination, hand; minimum of 3 views	110	145	208	37	1.12
PMIC Medical Fees 2024 75%: Page 426						
Hand MRI: Bilateral	CPT 73218			\$1,940.00 (Unilateral)		
73218	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)	1465	1940	2779	296	9.04
PMIC Medical Fees 2024: Page 427						
Hand MRI: Bilateral Diagnostic Reading Fee	Diagnostic Reading Fee			\$318.00 (Unilateral)		
73218-26		240	318	456	63	1.91
PMIC Medical Fees 2024: Page 429						
Foot X-Ray: Bilateral	CPT 73620			\$83.00 (Unilateral)		
73620	Radiologic examination, foot; 2 views	64	83	121	28	0.86
PMIC Medical Fees 2024 75%: Page 429						
Foot MRI: Bilateral Without Contrast	CPT 73718			\$2,064.00 (Unilateral)		
73718	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)	1544	2064	2608	226	6.89
PMIC Medical Fees 75% 2024: Page 427						
Foot MRI: Bilateral	Diagnostic Reading Fee			\$318.00 (Unilateral)		

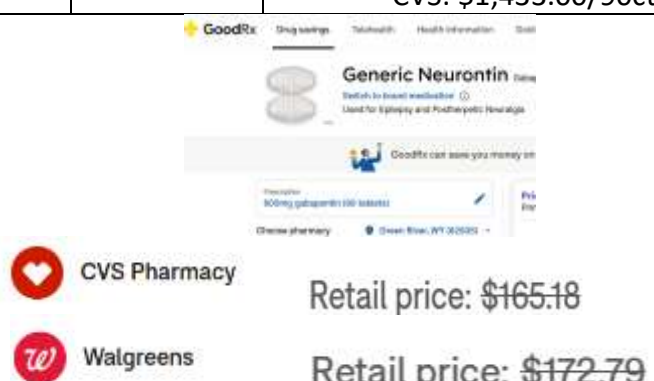
WADSWORTH, Stephanie
Green River, WY

Diagnostic Reading Fee							
73218-26		240	318	456	63	1.91	
PMIC Medical Fees 75% 2024: Page 427							
REGIONAL COSTS PMIC Medical Fees 2024 Green River, WY							
PROVIDER		CPT CODES & CHARGES			AVERAGE NATIONAL COSTS		
Shoulder X-Ray: Bilateral		CPT 73030			\$140.58 (Unilateral)		
73030	Radiologic examination, shoulder; complete, minimum of 2 views	107	142	204	34	1.05	
PMIC Medical Fees 2024: Page 425							
Wyoming**		03602	21	1.000	1.000	0.739 0.990	
PMIC Medical Fees 75% 2024: Page 684							
Shoulder MRI: Unilateral With and Without Contrast		CPT 73223			\$2,955.15 (Unilateral)		
73223	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences	2255	2985	4277	391	11.95	
PMIC Medical Fees 2024: Page 427							
Wyoming**		03602	21	1.000	1.000	0.739 0.990	
PMIC Medical Fees 75% 2024: Page 684							
Shoulder MRI: Unilateral Diagnostic Reading Fee		Diagnostic Reading Fee			\$489.06 (Unilateral)		
73223-26		373	494	708	99	3.03	
PMIC Medical Fees 2024: Page 427							
Wyoming**		03602	21	1.000	1.000	0.739 0.990	
PMIC Medical Fees 75% 2024: Page 684							
Hand X-Ray: Bilateral		73130			\$143.55 (Unilateral)		
73130	Radiologic examination, hand; minimum of 3 views	110	145	208	37	1.12	
PMIC Medical Fees 2024 75%: Page 426							
Wyoming**		03602	21	1.000	1.000	0.739 0.990	
PMIC Medical Fees 75% 2024: Page 684							
Hand MRI: Bilateral		CPT 73218			\$1,920.60 (Unilateral)		
73218	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)	1465	1940	2779	296	9.04	
PMIC Medical Fees 2024: Page 427							
Wyoming**		03602	21	1.000	1.000	0.739 0.990	
PMIC Medical Fees 75% 2024: Page 684							
Hand MRI: Bilateral		Diagnostic Reading Fee			\$314.82 (Unilateral)		

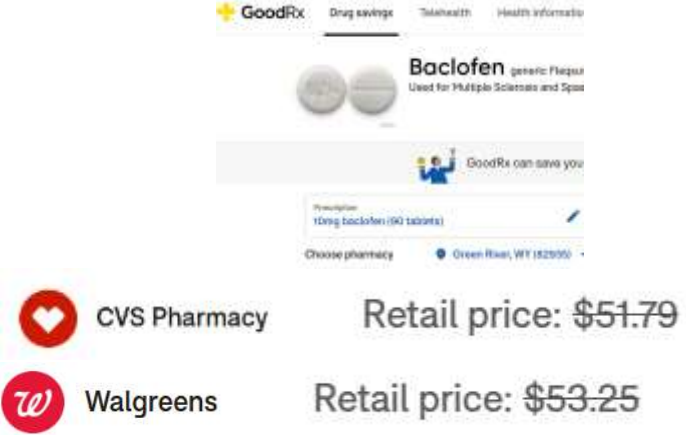
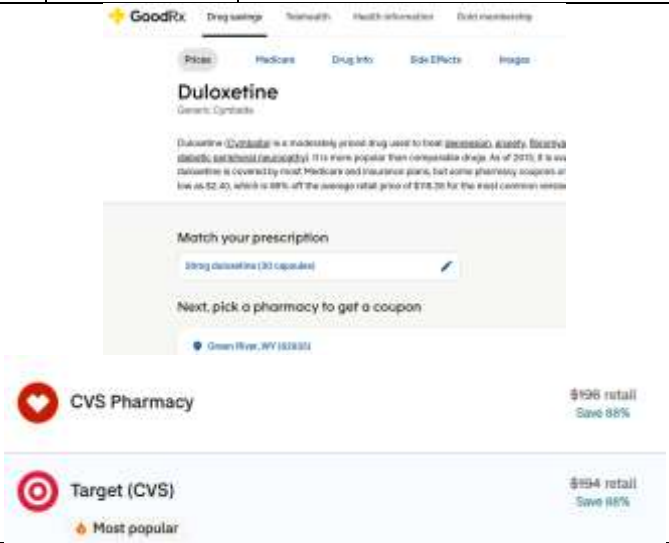
WADSWORTH, Stephanie
Green River, WY

Diagnostic Reading Fee								
73218-26		240	318	456	63	1.91		
PMIC Medical Fees 2024: Page 427								
Wyoming**	03602	21	1.000	1.000	0.739	0.990		
PMIC Medical Fees 75% 2024: Page 684								
Foot X-Ray: Bilateral		CPT 73620			\$82.17 (Unilateral)			
73620		Radiologic examination, foot; 2 views		64	83	121	28	0.86
PMIC Medical Fees 2024 75%: Page 429								
Wyoming**	03602	21	1.000	1.000	0.739	0.990		
PMIC Medical Fees 75% 2024: Page 684								
Foot MRI: Bilateral Without Contrast		CPT 73718			\$2,043.36 (Unilateral)			
73718		Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)		1544	2064	2608	226	6.89
PMIC Medical Fees 75% 2024: Page 431								
Wyoming**	03602	21	1.000	1.000	0.739	0.990		
PMIC Medical Fees 75% 2024: Page 684								
Foot MRI: Bilateral Diagnostic Reading Fee		Diagnostic Reading Fee			\$314.82 (Unilateral)			
73218-26		240	318	456	63	1.91		
PMIC Medical Fees 75% 2024: Page 427								
Wyoming**	03602	21	1.000	1.000	0.739	0.990		
PMIC Medical Fees 75% 2024: Page 684								
Imaging Studies								
NATIONAL & REGIONAL AVERAGE COSTS								
PROVIDER		SERVICES			AVERAGE TOTAL COSTS			
National & Regional Average		Shoulder X-Ray: Bilateral			\$141.29 (Unilateral)			
National & Regional Average		Shoulder MRI: Bilateral			\$2,970.08 (Unilateral)			
National & Regional Average		Shoulder MRI Reading Fee: Bilateral			\$491.53 (Unilateral)			
National & Regional Average		Hand X-Ray: Bilateral			\$144.28 (Unilateral)			
National & Regional Average		Hand MRI: Bilateral			\$1,930.30 (Unilateral)			
National & Regional Average		Hand MRI Reading Fee: Bilateral			\$316.41 (Unilateral)			
National & Regional Average		Foot X-Ray: Bilateral			\$82.59 (Unilateral)			
National & Regional Average		Foot MRI: Bilateral			\$2,053.68 (Unilateral)			
National & Regional Average		Foot MRI Reading Fee: Bilateral			\$316.41 (Unilateral)			

WADSWORTH, Stephanie
Green River, WY

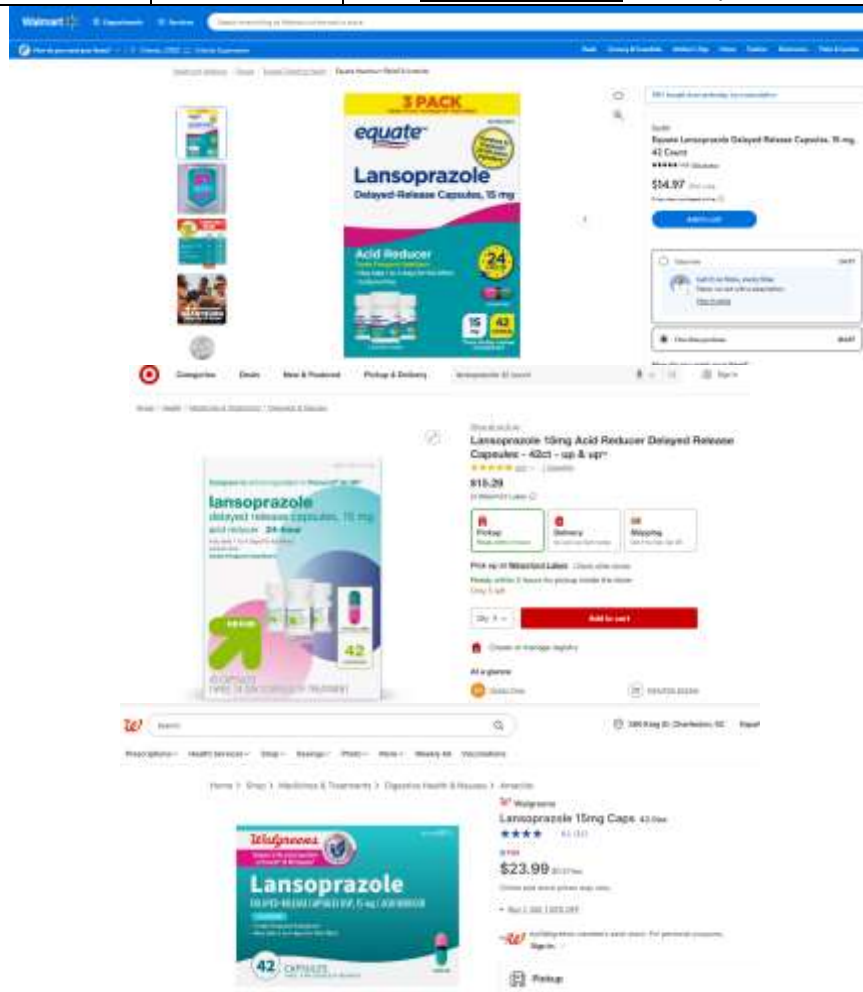
MEDICATIONS			
ITEM/REFERRAL	INITIATE	AVERAGE COST PER EACH/DAY/MONTH	AVERAGE COST PER YEAR
PAIN CONTROL			
Neurontin 600mg Generic: Gabapentin 3x/Day	Presently not used but appropriate for Now	\$5.61/Day \$1.87/Each 3/Day Generic: \$1.87/Each Goodrx.com CVS: \$165.18/90ct Walgreens: \$172.19/90ct Brand: \$16.92/Each Goodrx.com Walgreens: \$1,612.00/90ct CVS: \$1,433.00/90ct	\$2,049.05/Year
			
MUSCLE RELAXANT			
Baclofen 10mg 3x/Day	Presently not used but appropriate for Now	\$1.74/Day \$.58/Each 3/Day Generic: \$.58/Each Goodrx.com CVS: \$51.79/90ct Walgreens: \$53.25/90ct Brand: N/A	\$635.54/Year

WADSWORTH, Stephanie
Green River, WY

			
MOOD CONTROL			
Duloxetine 30mg 1x/Day	Presently not used but appropriate for Now	\$6.50/Day \$6.50/Each 1/Day Generic: \$6.50/Each <u>Goodrx.com</u> CVS: \$196.00/30ct/30ct Target: \$194.00/30ct Brand: \$11.27/Each <u>Goodrx.com</u> CVS: \$338.00/30ct Target: \$338.00/30ct	\$2,374.13/Year
			
GASTROINTESTINAL PROTECTION			
Lansoprazole 15mg Brand: Prevacid 1x/Day	Presently not used but	\$6.45/Month \$.43/Each 15/Month	\$77.40/Year

WADSWORTH, Stephanie
Green River, WY

	appropriate for Now	\$.43/Each <u>Walmart.com</u> \$14.97/42ct <u>Target.com</u> \$15.29/42ct <u>Walgreens.com</u> \$23.99/42ct	
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SLEEP MANAGEMENT			
Zolpidem Tartrate 10mg Brand: Ambien 1x/Night	Presently not used but appropriate for Now	\$2.13/Day \$2.13/Each 1/Day Generic: \$2.13/Each <u>Goodrx.com</u> Walgreens: \$64.99/30ct CVS: \$62.82/30ct Brand: \$25.46/Each <u>Goodrx.com</u> CVS: \$762.62/30ct Target: \$764.72/30ct	\$777.98/Year

WADSWORTH, Stephanie
Green River, WY

GoodRx Drug savings Telehealth Health information

Generic Ambien Zo
[Switch to brand medication](#) ⓘ
Used for Insomnia

GoodRx can save you money

Prescription: 10mg zolpidem (30 tablets)

Choose pharmacy **Green River, WY (82035)**

Pharmacy	Retail price
Walgreens	\$64.99
CVS Pharmacy	\$62.82


WADSWORTH, Stephanie
Green River, WY

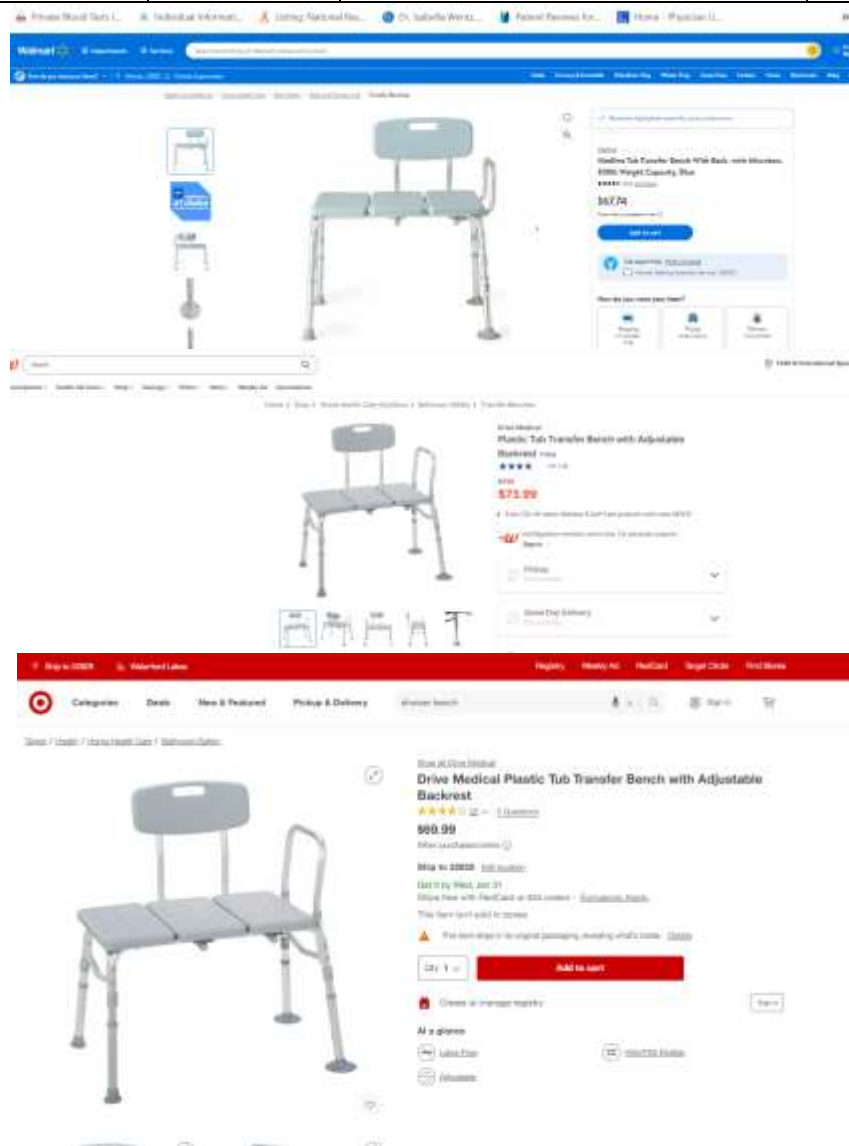
LABORATORY TESTING						
NATIONAL COSTS						
PMIC Medical Fees 2024						
PROVIDER	CPT CODES & CHARGES			AVERAGE NATIONAL COSTS		
CBC	CPT 85027			\$44.00		
85027	Blood count; complete (cbc), automated (hgb, hct, rbc, wbc and platelet count)	35	44	55	0	0
PMIC Medical Fees 2024: Page: 530						
Liver Profile	CPT 80076			\$51.00		
80076	Hepatic function panel this panel must include the following: albumin (82040) bilirubin, total (82247) bilirubin, direct (82248) phosphatase, alkaline (84075) protein, total (84155) transferase, alanine amino (alt) (sgpt) (84460) transferase, aspartate amino (ast) (sgot) (84450)	37	51	61	0	0
PMIC Medical Fees 2024: Page 484						
Renal Profile	CPT 80069			\$90.00		
80069	Renal function panel this panel must include the following: albumin (82040) calcium, total (82310) carbon dioxide (bicarbonate) (82374) chloride (82435) creatinine (82565) glucose (82947) phosphorus inorganic (phosphate) (84100) potassium (84132) sodium (84295) urea nitrogen (bun) (84520)	64	90	108	0	0
PMIC Medical Fees 75% 2024; Page 484						
Draw Fee	CPT 36415			\$22.00		
36415	Collection of venous blood by venipuncture	16	22	27	0	0
PMIC Medical Fees 2024: Page 233						
REGIONAL COSTS						
PMIC Medical Fees 2024						
Green River, WY						
PROVIDER	CPT CODES & CHARGES			AVERAGE NATIONAL COSTS		
CBC	CPT 85027			\$43.56		
85027	Blood count; complete (cbc), automated (hgb, hct, rbc, wbc and platelet count)	35	44	55	0	0
PMIC Medical Fees 2024: Page: 530						
Wyoming**	03602	21	1.000	1.000	0.739	0.990
PMIC Medical Fees 75% 2024: Page 684						
Liver Profile	CPT 80076			\$50.49		

WADSWORTH, Stephanie
Green River, WY


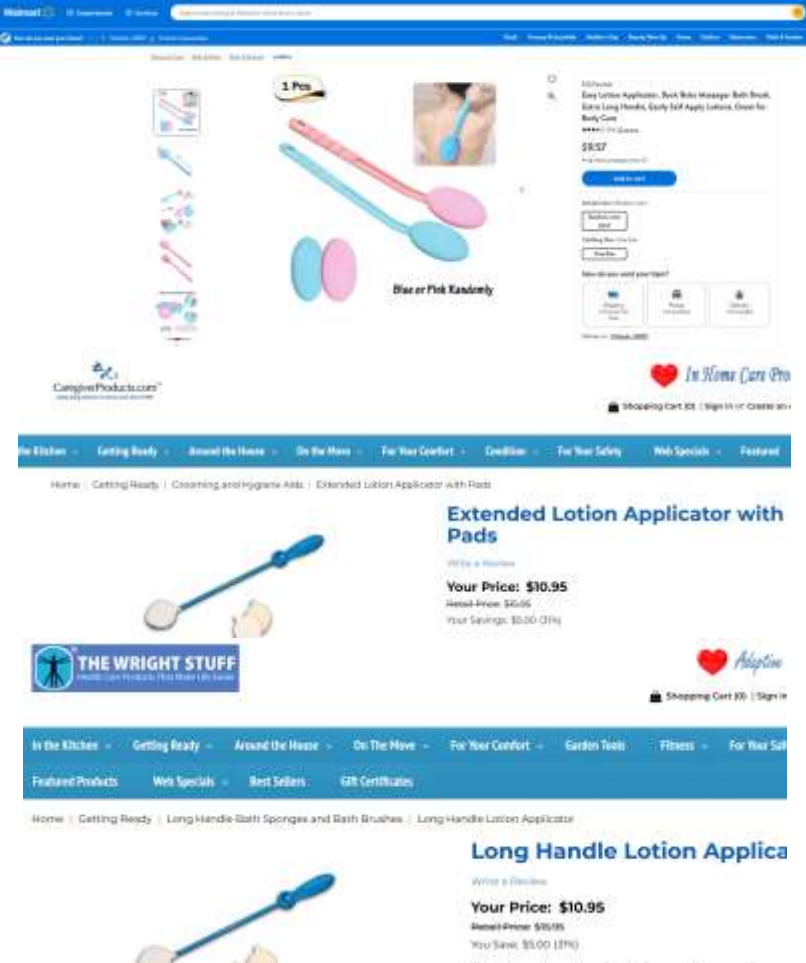


80076	Hepatic function panel this panel must include the following: albumin (82040) bilirubin, total (82247) bilirubin, direct (82248) phosphatase, alkaline (84075) protein, total (84155) transferase, alanine amino (alt) (sgpt) (84460) transferase, aspartate amino (ast) (snot) (84450)	37	51	61	0	0
PMIC Medical Fees 2024: Page 484						
Wyoming**		03602	21	1.000	1.000	0.739 0.990
PMIC Medical Fees 75% 2024: Page 684						
Renal Profile		CPT 80069			\$89.10	
80069	Renal function panel this panel must include the following: albumin (82040) calcium, total (82310) carbon dioxide (bicarbonate) (82374) chloride (82435) creatinine (82565) glucose (82947) phosphorus inorganic (phosphate) (84100) potassium (84132) sodium (84295) urea nitrogen (bun) (84520)	64	90	108	0	0
PMIC Medical Fees 75% 2024; Page 484						
Wyoming**		03602	21	1.000	1.000	0.739 0.990
PMIC Medical Fees 75% 2024: Page 684						
Draw Fee		CPT 36415			\$21.78	
36415	Collection of venous blood by venipuncture	16	22	27	0	0
PMIC Medical Fees 2024: Page 233						
Wyoming**		03602	21	1.000	1.000	0.739 0.990
PMIC Medical Fees 75% 2024: Page 684						
Laboratory Testing						
NATIONAL & REGIONAL AVERAGE COSTS						
PROVIDER		SERVICES			AVERAGE TOTAL COSTS	
National & Regional Average		CBC			\$43.78	
National & Regional Average		Liver Profile			\$50.75	
National & Regional Average		Renal Profile			\$89.55	
National & Regional Average		Draw Fee			\$21.89	

WADSWORTH, Stephanie
Green River, WY

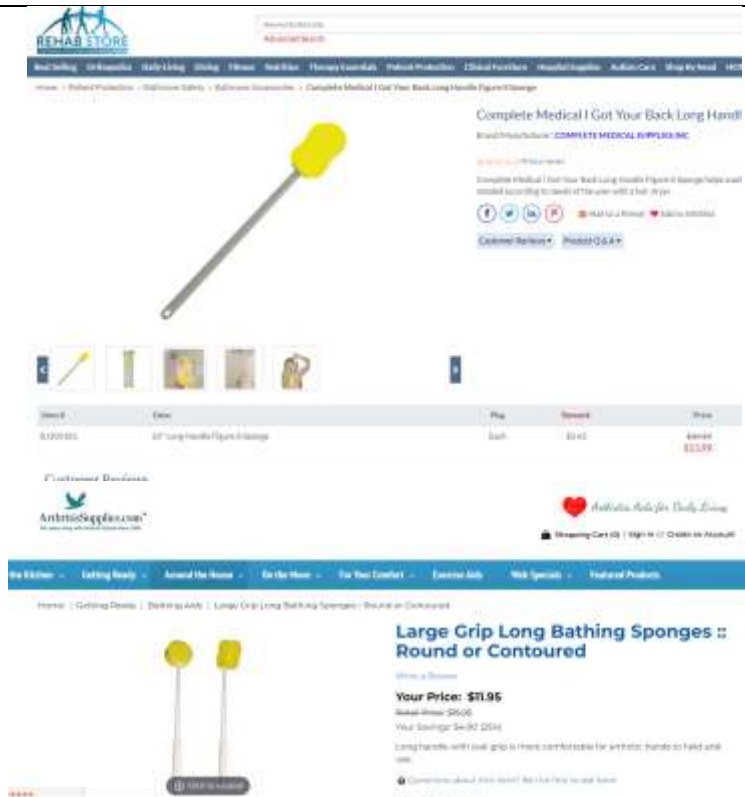
SPECIAL EQUIPMENT			
ITEM/REFERRAL	INITIATE	FREQUENCY & AVERAGE COST	AVERAGE COST PER YEAR
Shower Chair 	Now	\$70.57/Every 5 Years <u>Walmart.com</u> Medline Transfer Bench \$67.74 <u>Walgreens.com</u> Drive Medical Transfer Bench \$73.99 <u>Target.com</u> Drive Medical \$69.99	\$14.11/Year



WADSWORTH, Stephanie
Green River, WY

<p>Long Handled Lotion Applicator</p> 	<p>Now</p>	<p>\$10.49/Every Year</p> <p><u>Walmart.com</u> \$9.57/Each <u>Caregiverproducts.com</u> \$10.95/Each <u>Thewrightstuff.com</u> \$10.95/Each</p>	<p>\$10.49/Year</p>
			
<p>Long Handled Shower Sponge</p> 	<p>Now</p>	<p>\$12.98/Every Year</p> <p><u>Walmart.com</u> \$8.99 <u>Rehab-store.com</u> \$13.99 <u>Arthritissupplies.com</u> \$15.95</p>	<p>\$12.98/Year</p>
			

WADSWORTH, Stephanie
Green River, WY



Reacher

Now

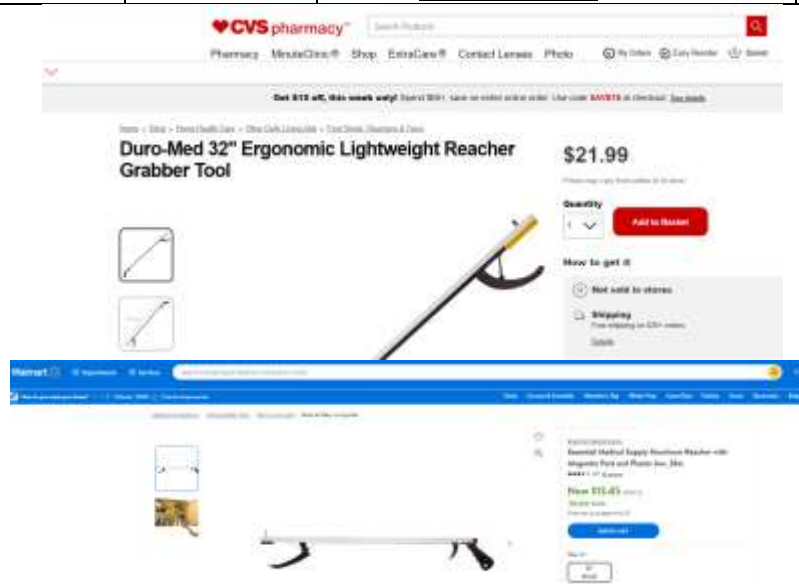
\$18.00/Every 3 Years

\$6.00/Year





Walmart.com \$14.99

CVS.com \$21.99

Walmart.com \$17.01




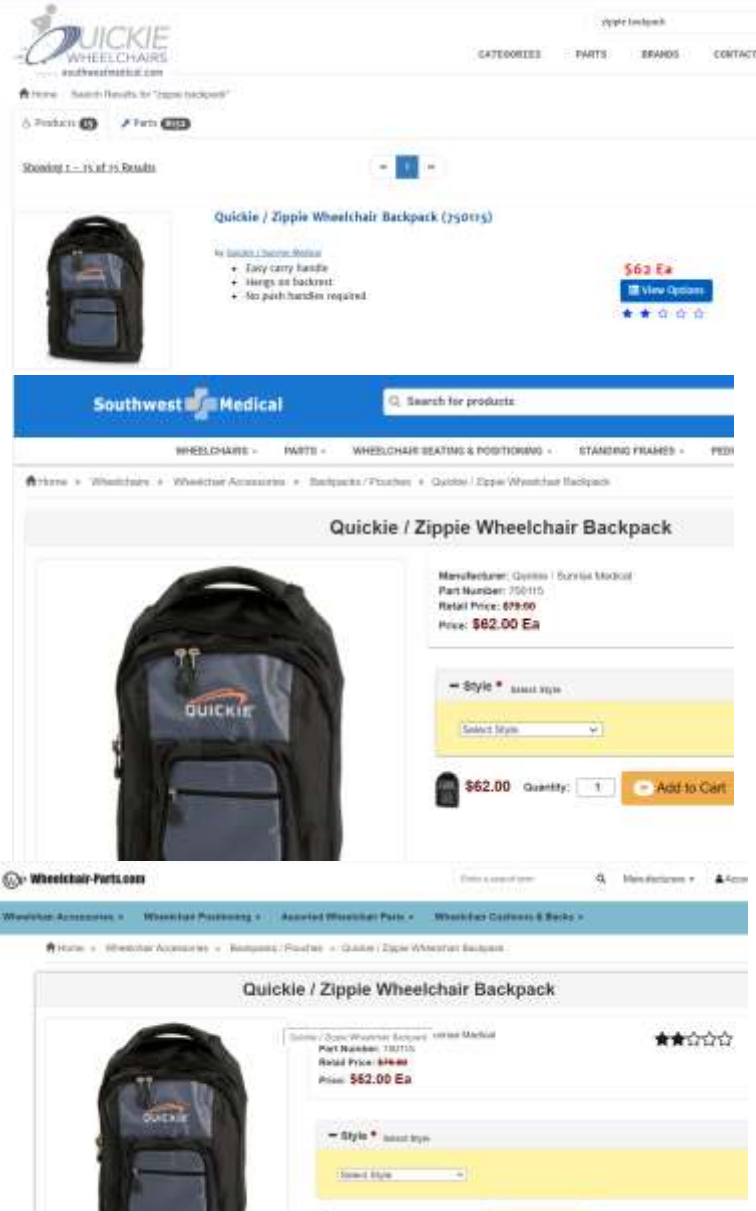

WADSWORTH, Stephanie
Green River, WY

			
<p>Motorized Scooter</p> 	<p>Now</p>	<p>\$2,189.00/Every 5 Years</p> <p><u>Spinlife.com</u> Victory 4-Wheel Scooter \$2,579.00 <u>1800wheelchair.com</u> Victory 4-Wheel Scooter \$1,844.00 <u>Medmartonline.com</u> Victory 4-Wheel Scooter \$2,144.00</p>	<p>\$437.80/Year</p>
<div data-bbox="451 709 1162 1178">  </div> <div data-bbox="451 1178 1162 1692">  </div>			

WADSWORTH, Stephanie
Green River, WY

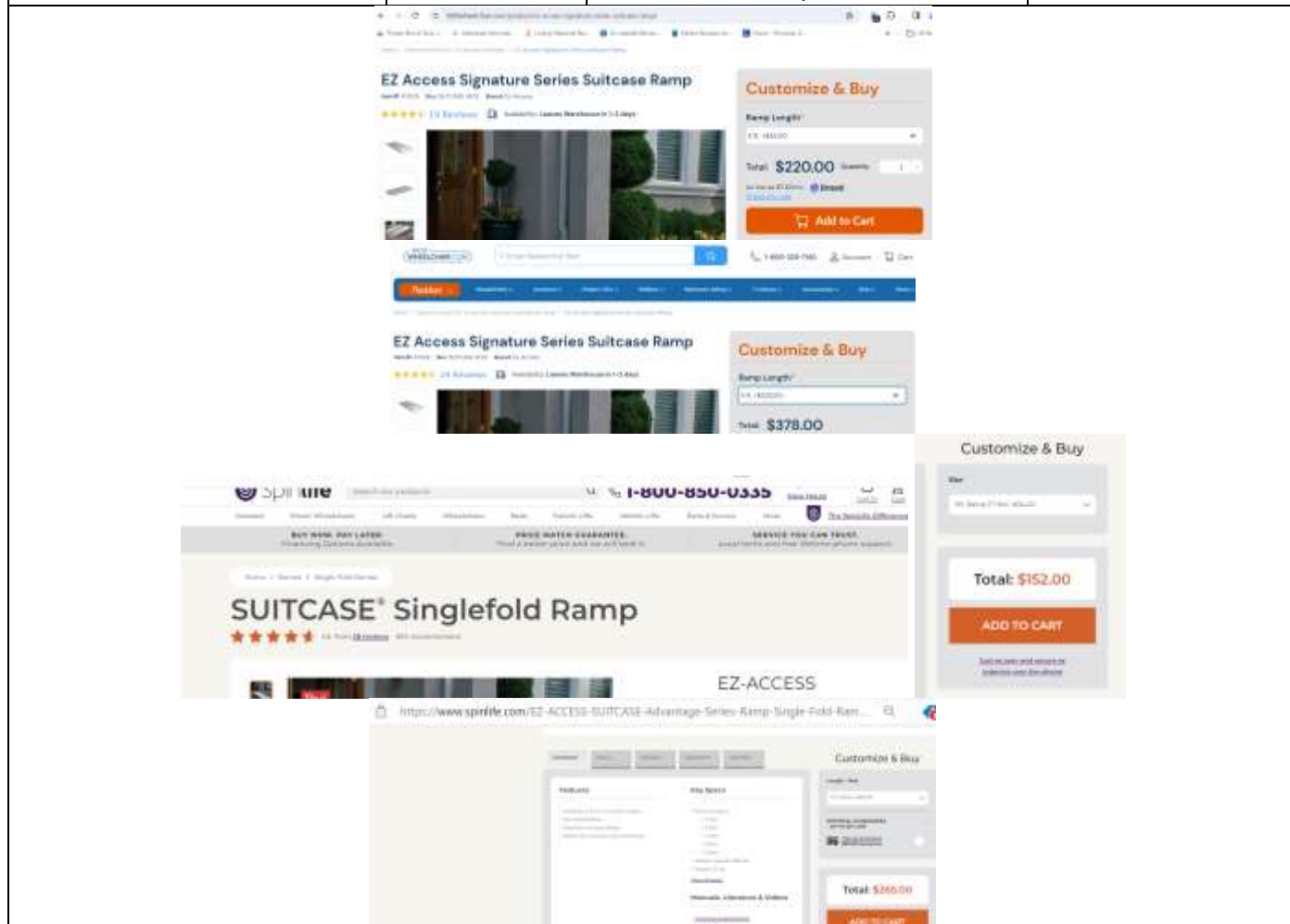
			
Power Scooter Maintenance	Now	10% of Purchase Price/Year Begin one year after each new purchase	\$218.90/Year
All Terrain Scooter 	Now	\$5,349.00/Every 5 Years <u>Automobilitystore.com</u> \$5,349.00 <u>Spinlife.com</u> \$5,349.00 <u>Mymobilitystore.com</u> \$5,349.00	\$1,069.80/Year
			
ALL TERRAIN Power Wheelchair Maintenance	Now	10% of Purchase Price To begin one year after each purchase.	\$534.90/Year

WADSWORTH, Stephanie
Green River, WY

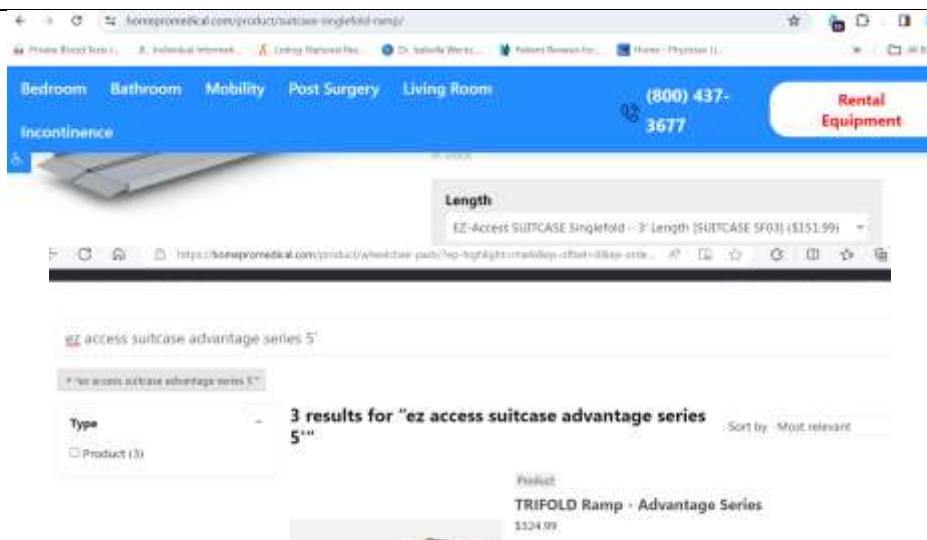
<p>Wheelchair Backpack</p> 	<p>Now</p>	<p>\$62.00/Every 2 Years</p> <p>Quickie-wheelchairs.com Zippie Backpack \$62.00 Southwestmedical.com Zippie Backpack \$62.00 Wheelchair-parts.com Zippie Backpack \$62.00</p>	<p>\$31.00/Year</p>
			
<p>Portable Ramps: 3' and 5'</p> 	<p>Now</p>	<p>\$497.32/For Both Every 10 Years</p> <p><u>Price Average</u></p>	<p>\$49.73/Year</p>

WADSWORTH, Stephanie
Green River, WY

		3': \$174.66 5': \$322.66 <u>1800wheelchair.com</u> 3' EZ Access Suitcase Single Fold Wheelchair Ramp \$220.00 5' EZ Access Suitcase Single Fold Wheelchair Ramp \$378.00 <u>Spinlife.com</u> 3' Ez Access Suitcase Advantage Series \$152.00 5' Ez Access Suitcase Advantage Series \$265.00 <u>Homepromedical.com</u> 3' Ez Access Suitcase Advantage Series \$151.99 5' Ez Access Suitcase Advantage Series \$324.99	
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WADSWORTH, Stephanie
Green River, WY



Adjustable Bed With Elevating Head

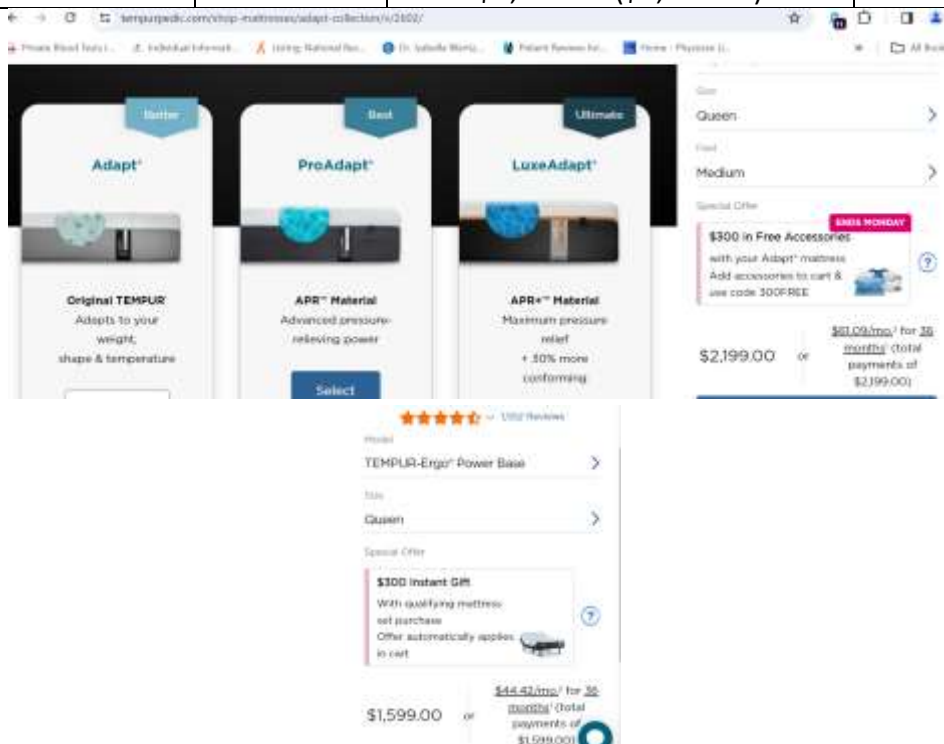


Now


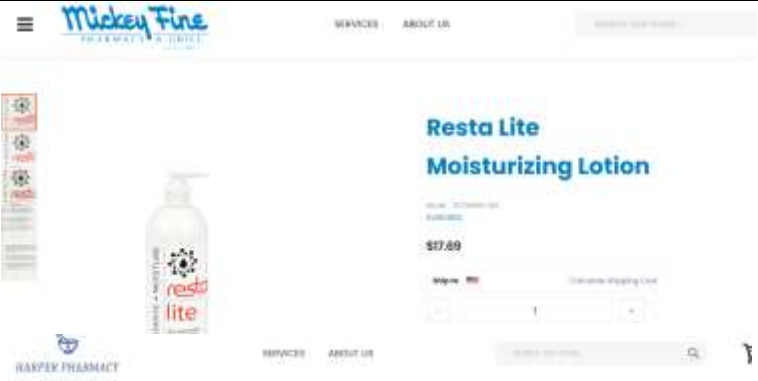


\$4,048.00/
Every 7-10 Years

\$476.24/Year

Tempurpedic.com Mattress
\$2,199.00 (Queen); Power Base
\$1,599.00 (\$3,798.00)
Sleepnumber.com
\$2,299.00 (Queen); Power Base
\$1,999.00 (\$4,298.00)



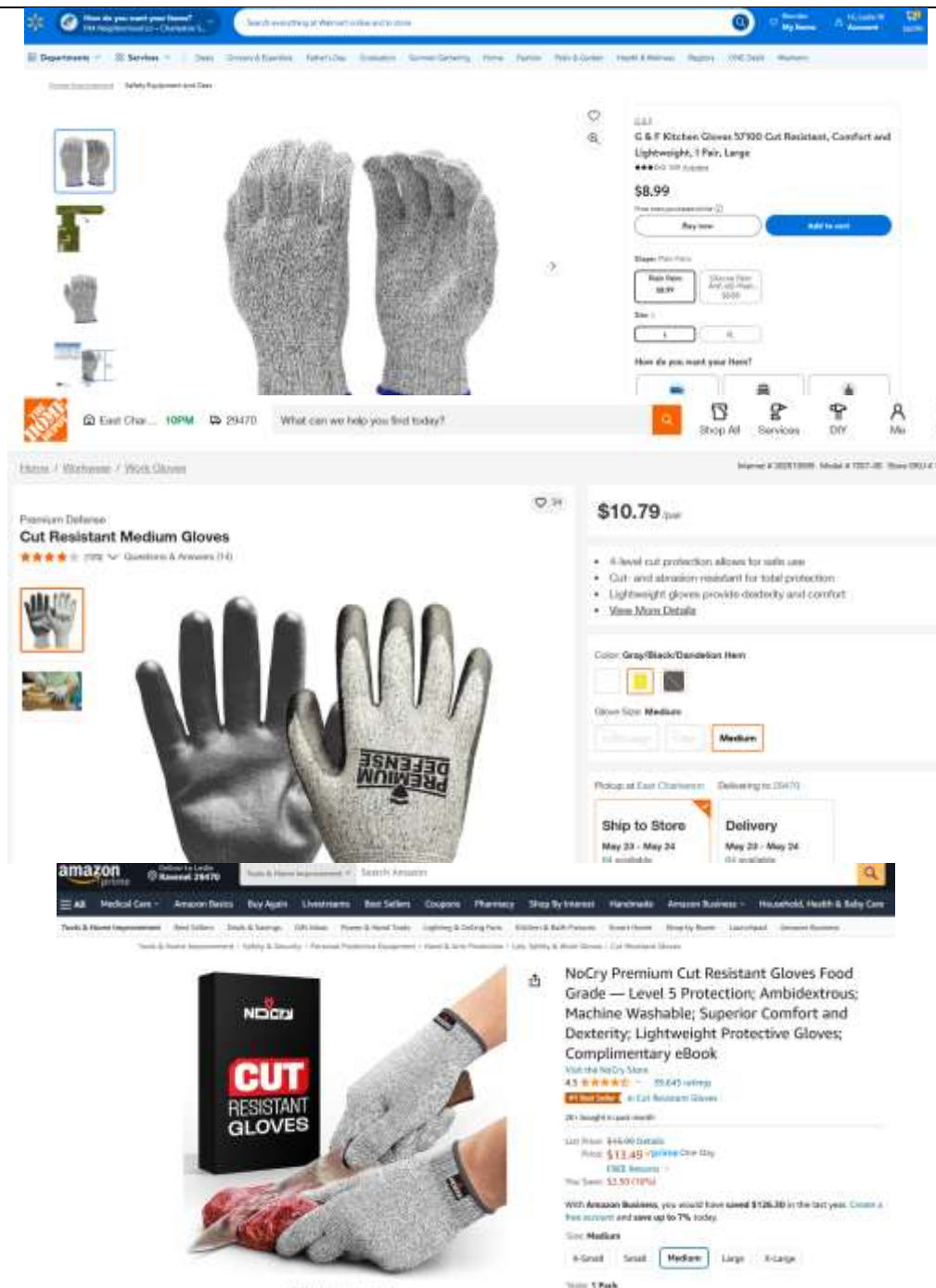
WADSWORTH, Stephanie
Green River, WY

NON-MEDICAL and SKIN CARE PRODUCTS			
ITEM/REFERRAL	INITIATE	FREQUENCY AVERAGE COST	AVERAGE COST PER YEAR
<p>Resta Lite</p> 	Now	<p>\$17.69/Month 1x/Month</p> <p><u>Mickeyfine.com</u> \$17.69/16oz <u>Harper.drugstore2door.com</u> \$17.69/16oz <u>Adamsville.brooklererx.com</u> \$17.69/16oz</p>	\$212.28/Year
  			

WADSWORTH, Stephanie
Green River, WY

<p>Vaseline</p> 	<p>Now</p>	<p>1x/Month \$6.29/Month 1-13 Ounce Jar</p> <p>\$6.29/13oz <u>Walmart.com</u> \$5.48/13oz <u>Target.com</u> \$5.39/13oz <u>Walgreens.com</u> \$7.99/13oz</p>	<p>\$75.48/Year</p>
			
<p>Cut Protective Gloves</p>	<p>Now</p>	<p>\$143.04/Every 3 Months \$11.92/Pair 12x/Every 3 Months</p> <p><u>Walmart.com</u> \$8.99/Pair <u>Amazon.com</u> \$15.99/Pair <u>Homedepot.com</u> \$10.79/Pair</p>	<p>\$572.16/Year</p>

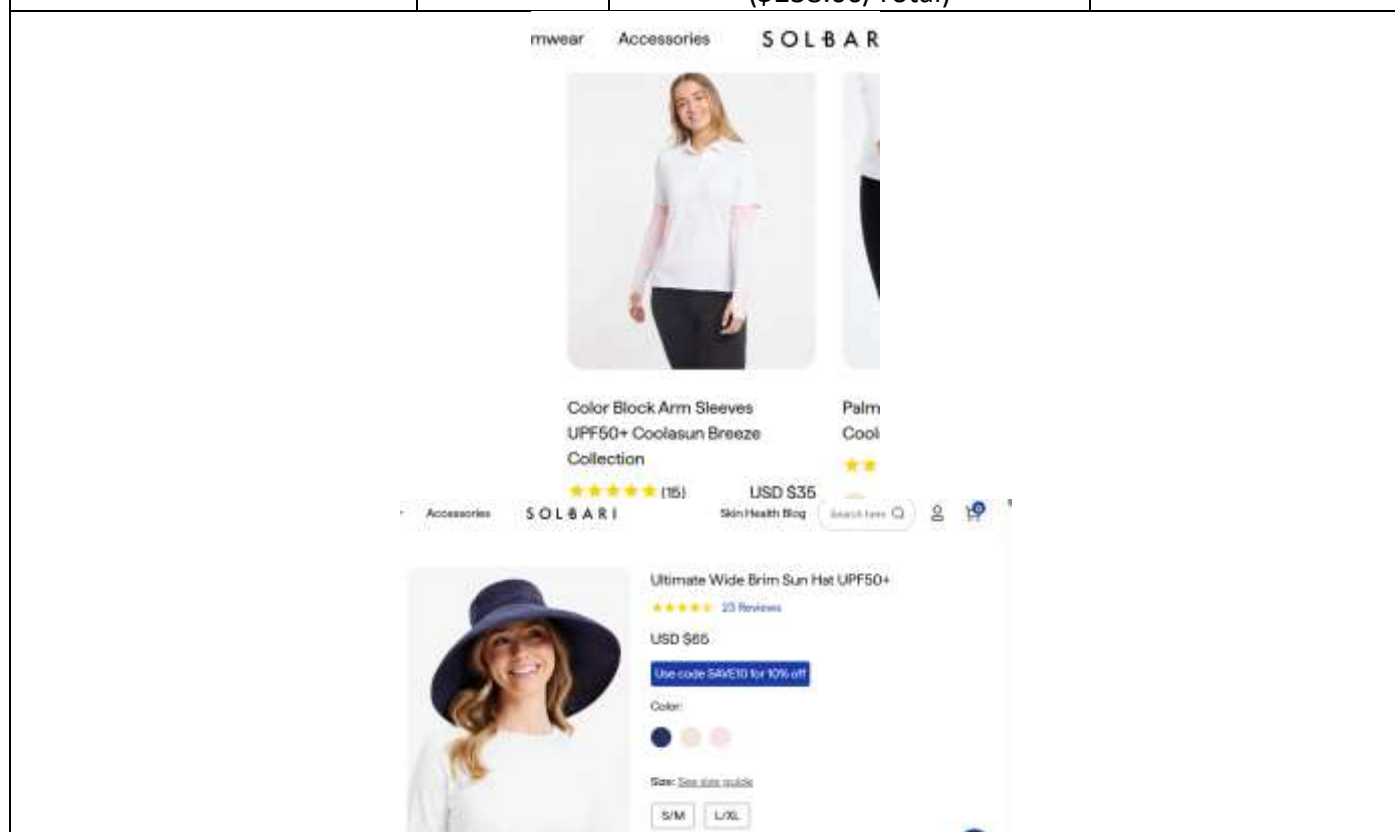
WADSWORTH, Stephanie
Green River, WY



Sun/UV Protective Clothing	Now	<p>\$243.00/Every 3 Month Allowance/Every 3 months</p> <p>Sun Protective Clothing www.solbari.com Elite Arm Sleeves \$35.00/Pair Trekker Sun Hat \$65.00 Long Sleeve T-Shirt UPF50+ \$89.00</p>	\$972.00/Year
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WADSWORTH, Stephanie
Green River, WY

		<p>Luxe Full Length Leggings \$59.00 (\$248.00/Total)</p> <p>eclipseglove.com Eclipse Sun Sleeves \$37.00/Pair Women's Tech Long Sleeve Tunic: \$85.00 Women's Full Length Cooling Pants \$87.00 Sunway.uvclothing.com SunWays' Adult Legionnaire Sun Hat \$29.00 (\$238.00/Total)</p>	
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WADSWORTH, Stephanie
Green River, WY

ar Accessories SOLBARI Skin Health Blog Search here



Luxe Full Length Leggings UPF50+ Sensitive Collection

5 Reviews

USD \$59


Use code SAVE10 for 10% off

Colour: Black

Size: See size guide

SOLBARI Skin Health

Now




Now

Everyday Performance Sun Shirt
UPF50+ Dry Lite

éclipse

Shop

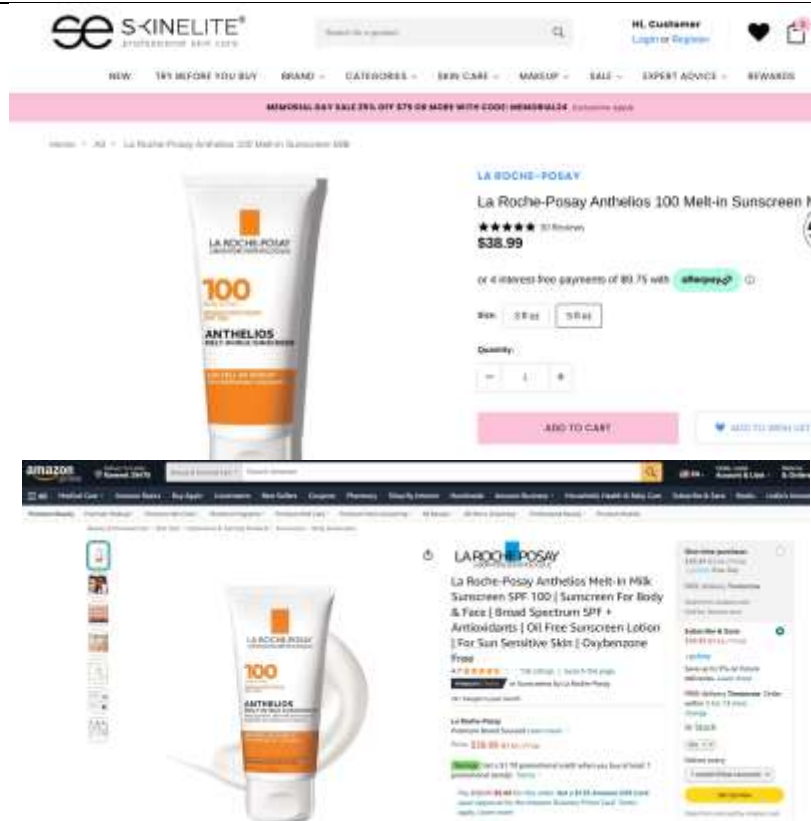


Sun Sleeves | UPF 50+ | Cooling


\$37.00 USD

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WADSWORTH, Stephanie
Green River, WY



WADSWORTH, Stephanie
Green River, WY

PASSENGER VAN	
NATIONAL INITIAL COSTS	
PROVIDER	AVERAGE COST
<p>Toyota Sienna (2024) (https://www.kbb.com/toyota/sienna/) #1 Rated minivan for availability in All-Wheel Drive, Safety, Fuel Economy, and Resale Value</p>  <p> (https://www.kbb.com/toyota/sienna/2024/xse/?category=van-minivan&intent=buy-new&options=11770897 false 11770912 false 11770910 false 11770888 false 11770862 false 11770840 false 11770762 true 11770766 true 11770767 true 11770759 true 11770801 true 11770806 true 11770804 true 11770802 true 11770847 true&vehicleid=468944) </p>	<p><u>KBB Fair Purchase Price</u> \$47,035.00</p> <p>Priced with Emission Equipment (All 50 States) Preferred Accessory Pkg (PIO) w/All Weather Floor Liners, Protection Pkg (PIO), Quick Charge Cable Pkg (PIO), & comes with First Aid Kit, Mud Guards, Mouldings/Body Side, Cargo Net w/Pouch, Roof Rails, and Wheel Locks.</p>
NATIONAL 5-YEAR RESALE VALUE	
PROVIDER	AVERAGE RESALE VALUE
<p>Toyota Sienna (2024) The Sienna retains 63.5 percent of its value after 5 years, with an average price of \$31,785.00 for 5-year-old models.</p>	<p>\$31,785.00</p> <p> (https://www.iseecars.com/resale-value/minivans#:~:text=The%20Toyota%20Sienna%20has%20the,minivans%2C%20which%20is%2055%20percent) </p>
AVERAGE NATIONAL REPURCHASE COSTS INCLUDING 5-YEAR RESALE VALUE	
PROVIDER	AVERAGE REPURCHASE COST
<p>Toyota Sienna (2024) The Sienna retains 63.5% of its value after 5 years, with an average price of \$31,785.00 for 5-year-old models.</p>	<p>\$15,250.00</p> <p>Includes resale value placed towards a new van. (\$47,035.00 Initial Cost - \$31,785.00 Resale Value)</p> <p> (https://www.iseecars.com/resale-value/minivans#:~:text=The%20Toyota%20Sienna%20has%20the,minivans%2C%20which%20is%2055%20percent) </p>

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ADAPTIVE MODIFICATIONS TO PASSENGER VAN		
NATIONAL COSTS (2024)		
PROVIDER	SERVICE & COSTS	AVERAGE COST
Braun Ability (888) 365-9417 Braunability.com Contact: Justin, Customer Service	\$30,000.00-\$40,000.00 Power doors & ramp/lift, tie-downs, lowered floor, raised roof, remote side- door, lift, and hand controls.	\$35,000.00
Mobility Works (888) 760-9599 Mobilityworks.com Contact: Malick and Romi, Customer Service/Sales	\$35,000.00-\$45,000.00 Power doors & ramp/lift, tie-downs, lowered floor, raised roof, remote side- door, lift, and hand controls.	\$40,000.00
Ability Center (833) 919-2581 Abilitycenter.com Contact: Steve, Sales	\$35,000.00-\$40,000.00 Power doors & ramp/lift, tie-downs, lowered floor, raised roof, remote side- door, lift, and hand controls.	\$37,500.00
AMS Vans (844) 294-8267 Amsvans.com Contact: Customer Service	\$25,000.00-\$35,000.00 Power doors & ramp/lift, tie-downs, lowered floor, raised roof, remote side- door, lift, and hand controls.	\$30,000.00
Van Modifications NATIONAL COSTS		
PROVIDER	SERVICE	AVERAGE COST
Varies Upon Location	Van Modifications	\$35,625.00

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Green River, WY

VAN MODIFICATION MAINTENANCE		
NATIONAL COSTS		
PROVIDER	SERVICE & COSTS	AVERAGE COST
AMS Vans, Inc. <u>Amsvans.com</u> 2024	\$300.00-\$400.00/Year Power doors & ramp/lift, tie-downs, lowered floor, raised roof, remote side- door, lift, and hand controls.	\$350.00/Year
Mobility Works <u>MobilityWorks.com</u> 2024	\$250.00-\$500.00/Year Power doors, Power ramp/lift, tie-downs, lowered floor, raised roof, set-up for remote side-door and lift and hand controls.	\$375.00/Year
Van Modification Maintenance NATIONAL COSTS		
PROVIDER	SERVICE	AVERAGE COST
Varies Upon Location	Van Modification Maintenance	\$362.50/Year

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Green River, WY

AUTOMOBILE ASSOCIATION MEMBERSHIP

NATIONAL COSTS

PROVIDER	AVERAGE COST	AVERAGE YEARLY COST
American Automobile Association Membership	\$99.99/Year (2024) AAA.com	\$99.99/Year



AAA

<https://mwg.aaa.com> › Membership



85



AAA Plus Membership | Benefits, Cost, & Towing Miles

AAA Plus Membership starts at a **cost of \$99.99 per year**. You'll have access to our classic membership benefits plus additional coverage and perks.

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HOME MODIFICATIONS			
ITEM	INITIATE DESCRIPTION	FREQUENCY AVERAGE COST	AVERAGE COST PER YEAR/LIFETIME
Handicapped Home Modifications	Now	\$32,956.52/Each 1/Lifetime	\$32,956.52/ Lifetime
	-Barrier-Free Bathroom with Roll-in Shower, Handheld Showerhead, and Grab Bars -Wheelchair Ramps -Accessible Garage or Carport -Concrete Patio, Sidewalk, and Driveway	Handicapped Accessible Bathroom Modifications: \$7,066.67 Bathroom: <u>Homeadvisor.com</u> \$1,500.00-\$15,000.00 (\$8,250.00) (2024) <u>Homeguide.com</u> \$2,500.00-\$10,000.00 (\$6,250.00) (2024) <u>Angi.com</u> \$6,700.00 (2024) Bathroom/Roll-in Shower (\$6,483.33) <u>Modernize.com</u> 2023 \$1,500.00-\$6,000.00 (\$3,750.00) <u>Architecturaldigest.com</u> \$9,000.00 (2024) <u>Angi.com</u> (2024) \$6,700.00 <u>Average Cost of Professionally Built Wheelchair Ramp (\$2,899.26 x 2 ramps= \$5,798.52)</u> <u>Nationalramp.com</u> \$3,600.00 (2024) <u>Costimates.com</u> \$2,965.00 (2023) <u>Promatcher.com</u> \$2,132.78 (2024) <u>Average Cost of Professionally Build Carport (\$3,723.00)</u> <u>Angi.com</u> \$3,569.00 (2024) <u>Homeguide.com</u>	

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		<p>\$4,600.00 (2024) <u>Manta.com</u> \$3,000.00 (2024)</p> <p>Average Cost to Professionally Install a Concrete Patio: (\$3,328.33) <u>Todayshomeowner.com</u> \$1,920.00-\$6,000.00 (\$3,960.00) (2023) <u>Angi.com</u> (2024) \$1,350.00-\$5,100.00 (\$3,225.00) <u>Concretenetwork.com</u> (2024) \$2,800.00</p> <p><u>Average Cost to professionally install a Concrete Sidewalk</u> <u>(\$1,940.00)</u> <u>Lawnlove.com</u> (2024) \$1,080.00- \$2,160.00 (\$1,620.00) <u>Forbes.com</u> (2023) \$1,800.00 <u>Homeguide.com</u> (2024) \$1,400.00-\$3,400.00 (\$2,400.00)</p> <p><u>Average Cost to Professionally Install a Concrete Driveway</u> <u>(\$4,616.67)</u> <u>Forbes.com</u> (2024) \$2,100.00-\$7,800.00 (\$4,950.00) <u>Protoolreviews.com</u> (2024) \$2,300.00-\$7,500.00 (\$4,900.00) <u>Homeguide.com</u> (2024) \$1,600.00-\$6,400.00 (\$4,000.00)</p>	
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 National Ramp
<https://homeaccess.nationalramp.com> · pricing

Pricing

It would cost about **\$130 to \$225 per foot of length**. Since this ramp is 17 feet long with a platform, it would cost around \$3,600. Some people may think that ...

 Costimates.com
<https://www.costimates.com> · decks-outdoor-living

Handicap Wheelchair Ramp Cost

Nov 16, 2023 — The cost of installing a **handicap ramp** is between from \$80 – \$120 per linear foot, or \$2,965 for a 30' pressure treated wood ramp, ...



ProMatcher | Wheelchair Ramps

Wheelchair Ramps · ProMatch · Directory · Cost Report

Wheelchair Ramps Costs & Prices - ProMatcher Cost

Find Costs & Prices: Enter Zip

Wheelchair Ramps Costs & Prices

We have collected data nationwide to help calculate the average cost of wheelchair ramps in the US. The following are average costs and prices reported back to us:

Cost of Wheelchair Ramp Construction
\$2,132.78 fixed fee for 24 ft wooden ramp (24" vertical rise) (Range: \$1,851.86 - \$2,323.69)

Get Mat
Get Quo
Wheelcl
Contrac

Select a S

Normal range: **\$2,095 - \$5,066**

The average cost for a carport is \$3,569 , with prices generally ranging from \$2,095 to \$5,066 , depending on its size and other factors. Putting up a carport is a great way to protect your vehicles without spending the thousands of dollars that building a garage can cost.

 Angi
<https://www.angi.com> · Solution Center · Contractors

How Much Does a Carport Cost? [2024 Data] - Angie's List

 HomeGuide
<https://homeguide.com> · Cost Guides

How Much Does a Carport Cost to Build or Install? (2024)

Dec 7, 2023 — The cost to build a carport is \$2000 to \$7200 for a single carport or \$3200 to \$12000 for a two car carport.

Cost to build a carport · Cost to build a carport by type · Cost to build a carport by...

 Manta Directory
<https://www.manta.com> · Carport Builders · TN

Carport Builders Costs in Sevierville, TN in 2024

Generally speaking, the cost to build a carport in Sevierville ranges from a low of about \$3,000 to a high of around \$9,500, but where a project comes in on ...

HomeAdvisor

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An ADA bathroom remodel costs **\$2,000 to \$16,000**. Bathroom remodel for disabled accommodations costs about the same as a standard remodel. However, wheelchair accessibility in smaller baths may present issues. Small bathroom remodel costs of \$1,500 to \$15,000 may double if you need to make the space larger.

HomeAdvisor
<https://www.homeadvisor.com/embodiment-safety/>

2024 Cost To Remodel a Home for Disability Accommodation

HomeGuide
<https://homeguide.com/cost-guides/>

2024 Bathroom Remodel Cost | Average Renovation & ...

Jan 11, 2024 -- A bathroom remodel for disabled people costs \$2,500 to \$10,000. Making a bathroom handicap-accessible may include grab bars, railings ...

Normal range: **\$1,150 - \$8,000**

Installing a walk-in shower costs approximately \$6,700, on average, but your total could fall anywhere between \$1,150 and \$8,000 depending on a few factors. Jul 10, 2023

Angi
<https://www.angi.com/solution-center/remodeling/>

How Much Does a Walk-In Shower Cost to Install? (2024 Data)

The cost of installation can run just as much, depending on costs of labor in your area. All in all, you will be looking at a price of **between \$1,500 and \$6,000** for an installed roll-in shower. Mar 16, 2023



Modernize
<https://modernize.com/home-accessibility/>

Roll-in Showers for Wheelchair Users | Installing ADA ...

Typical costs range **between \$3,500 and \$15,000** with an average of \$9,000. Jan 9, 2024



Architectural Digest
<https://www.architecturaldigest.com/home-improvement/>

How Much Does A Walk-In Shower Remodel Cost? (2024)

Most homeowners typically pay **between \$1,920 and \$6,000** for their patio. However, your costs may vary depending on factors like the patio size, finish, and design. To help you budget, I've used my experience and hours of research to estimate the cost of pouring a concrete patio. Jul 21, 2023



Today's Homeowner
<https://todayshomeowner.com/concrete-cost-to-pour/>

How Much Does It Cost to Pour a Concrete Patio?

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15x15	225	\$1,350-\$3,600
16x18	288	\$1,700-\$4,600
16x20	320	\$1,900-\$5,100
4 more rows		

Angi
<https://www.angi.com> · Solution Center · Home Extensions

2024 Concrete Patio Cost: Average Cost to Pour a Patio | Angi

Lawn Love
<https://lawnlove.com> · blog · walkway-cost

How Much Does a Walkway Cost in 2024?

Nov 29, 2023 — The typical price range for concrete walkways is between \$1,080 and \$2,160.

The national average installation cost for a concrete walkway is ...

[Paver Walkway Cost](#) · [Walkway Cost Estimator By...](#) · [Possible Permits](#)

Installing a standard 200-square-foot concrete walkway costs between **\$1,200 and \$2,400**, with an average of **\$1,800**. But costs can vary quite a bit depending on factors like the concrete's finish and the walkway's shape. This guide covers key cost factors to consider when installing a new concrete sidewalk so you can start planning your budget accordingly.

Sidewalk Contractors
32832

Orlando, FL

How much does a concrete sidewalk cost?

\$7 – \$17 average cost per square foot

\$1,400 – \$3,400 average total cost installed (200 SF)

Forbes
<https://www.forbes.com> · home-improvement · concrete... 95

How Much Does A Concrete Driveway Cost In 2024?

Jul 17, 2023 — The national average cost to install a concrete driveway ranges from \$2,100 to \$7,800. This total price is based on a number of factors, ...

[Type Of Concrete](#) · [Driveway Size](#) · [Building Permits And...](#)

Pro Tool Reviews
<https://www.protoolreviews.com> · concrete-driveway-...

What Does the Average Concrete Driveway Cost in 2024?

Dec 14, 2023 — The average cost to install a concrete driveway is \$4 to \$18 per square foot, with most homeowners paying a total of \$2,300 to \$7,500.

Driveway Contractors
32832

Orlando, FL

How much does an asphalt driveway cost vs. concrete?

\$3 – \$7 average asphalt driveway cost per square foot installed

\$4 – \$8 average concrete driveway cost per square foot installed

\$1,200 – \$4,000 average 2-car asphalt driveway cost

\$1,600 – \$6,400 average 2-car concrete driveway cost

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Kitchen

Remodeling a kitchen costs \$13,000 to \$38,000. It'll cost the same for either accessibility reasons or just to update the look.

<https://www.homeadvisor.com/cost/disability-accommodation/>

Converting to bathrooms and kitchens that comply with the Americans with Disabilities Act (ADA) guidelines: \$9,000–\$40,000. Widening a doorway: \$700–\$2,500. Widening hallways: \$30,000–\$40,000. Dec 16, 2022



Angi

<https://www.angi.com> · Solution Center · Remodeling

Cost to Make a Home Wheelchair Accessible in 2024 | Angi



HomeGuide

<https://homeguide.com> · Cost Guides

2024 Home Renovation Costs | Avg Cost To Remodel House

Dec 6, 2023 — Remodeling a kitchen or bathroom costs \$100 to \$250 per square foot.

Remodeling a kitchen costs \$10,000 to \$50,000 on average, and a bathroom ...

Home renovation cost estimator · Cost to remodel a house by room

Home Security System Installation	FUTURE Start Age 18 Or Death of Parent	1 Installation/ Lifetime	Costs included within Total Home Modification
Home Security Monitoring	FUTURE Start Age 18 Or Death of Parent	\$49.32/Month ADT.com \$57.99/Month Att.com \$39.99/Month Brinks.com \$49.99/Month	\$591.84/Year



Home & Personal

Products

Packages

Build Your Own

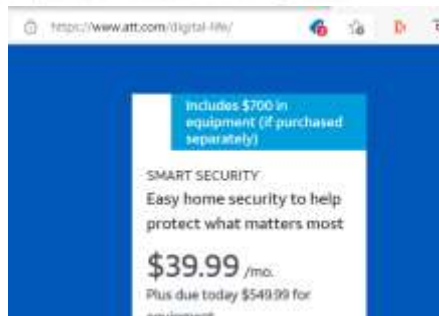
Deals

Shop Now

Support

The Video & Smart Home Package includes everything in the Smart Package in addition to an HD indoor camera, a video doorbell camera, the ability to view live video streams remotely, and customizable alerts. Additional cameras and other devices can also be added to this package. The equipment and installation cost of the bare-bones version of this package starts at \$1,049, or \$17.48 monthly for 60 months, and the monitoring starts at \$57.99 per month.

A full breakdown of costs and options are included in the following sections.




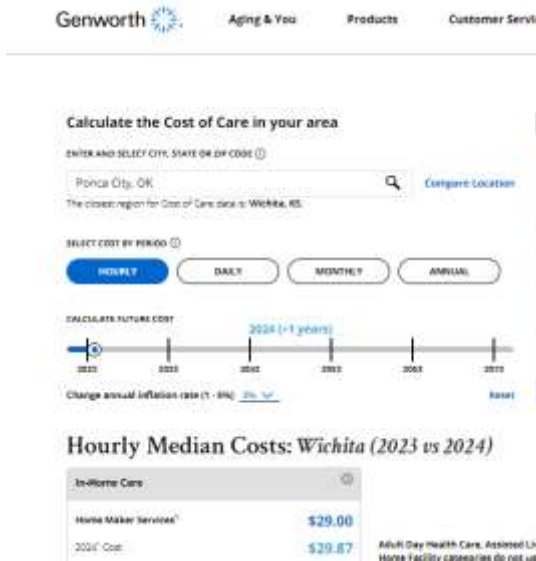
Compare Brinks monthly costs

	Monthly cost	Standout features
Smart Security Essential	\$39.99 /mo	Smart control panel
Smart Security Complete	\$44.99 /mo	Doorbell camera
Smart Security Ultimate	\$49.99 /mo	Outdoor and doorbell cameras

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HOUSEKEEPER Heavy Housecleaning		
SPECIFIC LOCAL COSTS Green River, WY		
PROVIDER	SERVICE & COSTS	AVERAGE RATE
Homeyou.com Homeguide.com	<u>Housekeeper/Housecleaning:</u> \$15.00-\$40.00/Hour (\$27.50/Hour) \$25.00-\$50.00/Hour (\$37.50/Hour)	\$32.50/Hour
 <p>The screenshot displays two websites: Homeyou.com and HomeGuide.com. Homeyou.com shows 'Cleaning Services in Green River, WY - Costs 05 / 2024' with a rate range of \$15 to \$40 per hour. HomeGuide.com shows '2024 House Cleaning Services Prices Cost Calculator & ...' with a rate range of \$125 to \$225 on average or \$25 to \$50 per hour. A note at the bottom states: '*National average used, unable to find charges for Green River, WY area.'</p>		
Housekeeper AVERAGE SPECIFIC LOCAL COSTS Green River, WY		
PROVIDER	SERVICE	AVERAGE LOCAL HOURLY RATE
Green River, WY	Heavy Housecleaning	\$32.50/Hour

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Green River, WY

PERSONAL CARE ATTENDANT		
NATIONAL COSTS		
PROVIDER	SERVICE	AVERAGE HOURLY RATE
Genworth Cost of Care Personal Care Attendant	www.Genworth.com/about-us/industry-expertise/cost-of-care.html (2024)	Personal Care Attendant: \$30.90/Hour
		
REGIONAL COSTS Green River, WY		
PROVIDER	SERVICE	AVERAGE HOURLY RATE
Genworth Cost of Care Personal Care Attendant (2024) Green River, WY	www.Genworth.com/about-us/industry-expertise/cost-of-care.html (2024)	Personal Care Attendant: \$29.87/Hour
		
Personal Care Attendant NATIONAL & REGIONAL AVERAGE COSTS		

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Green River, WY		
PROVIDER	SERVICE	AVERAGE NATIONAL & REGIONAL HOURLY RATE
Varies Upon Location	Personal Care Attendant	\$30.39/Hour
SPECIFIC LOCAL COSTS Green River, WY		
PROVIDER	SERVICE	AVERAGE HOURLY RATE
Rocky Mountain Home Care 175 River View Drive Green River, WY 82935 (307) 875-7976 Contact: Sheridan (05/21/2024)	<u>Personal Care Attendant:</u> \$30.00/Hour	<u>Personal Care Attendant:</u> \$30.00/Hour
Best Home Health 637 East Flaming Gorge Way Green River, WY 82935 (307) 382-3388 Contact: Receptionist (05/21/2024)	<u>Personal Care Attendant:</u> \$29.00/Hour	<u>Personal Care Attendant:</u> \$29.00/Hour
AVERAGE SPECIFIC LOCAL COSTS Green River, WY		
PROVIDER	SERVICE	AVERAGE LOCAL HOURLY RATE
Varies Upon Location	Personal Care Attendant	\$29.50/Hour
Personal Care Attendant Care NATIONAL, REGIONAL & LOCAL AVERAGE COSTS		
PROVIDER	SERVICE	AVERAGE HOURLY RATE
Varies Upon Location	Personal Care Attendant	\$29.95/Hour

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HANDYMAN SERVICES		
SPECIFIC LOCAL COSTS Green River, WY		
PROVIDER	SERVICE & COSTS	AVERAGE HOURLY RATE
<u>Promatcher.com</u> <u>Thumbtack.com</u>	Handyman Services: \$68.74/Hour \$60.00/Hour	\$64.37/Hour
 <p>The screenshot displays two websites. The top portion shows the ProMatcher website with a search bar for 'Handyman' and a 'Find Costs & Prices' button. Below this, it states 'Sorry, we do not have a report. Get a quote from a local pro.' The bottom portion shows the Thumbtack website with a title '2024 Handyman Hourly Rates Service Price List & Tips to ...' and a date 'Feb 15, 2023'. The text on Thumbtack states: 'The average cost for a Handyman is \$60. To hire a Handyman ... There's no right or wrong way for a handyman to charge ... charge. This means that ...'.</p>		
Handyman Services AVERAGE SPECIFIC LOCAL COSTS		
PROVIDER	SERVICE	AVERAGE LOCAL HOURLY RATE
Green River, WY Area	Handyman Services	\$64.37/Hour

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EDUCATION				
SERVICE	INITIATE	FREQUENCY	AVERAGE COST	AVERAGE COST PER YEAR/LIFETIME
Phoenix World Burn Congress *Includes Airfare and 5-night hotel stay allowance	Now	1x/Every Other Year Max = 10x	\$4,000.00/Each*	\$40,000.00/Lifetime
Burn Support Group at Salt Lake City Burn Center *Includes 2-night hotel stay and gas allowance.	Now	1x/Every 2 Months Max = 5 Years	\$700.00/Each*	\$4,200.00/Year

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COST REFERENCE SOURCE INFORMATION

American Hospital Directory www.AHD.com

The American Hospital Directory provides access to information regarding specific hospitals and their charges for inpatient and outpatient procedures. The information is only displayed if eleven or more of the procedures, or MS-DRGs, have occurred at the specific hospital during a specific time frame.

PMIC Medical Fees (2024) www.PMICOnline.com

PMIC Medical Fees are a listing of medical procedure codes, descriptions, as well as usual and customary rates (UCR) at the 50th, 75th, and 90th percentiles, Medicare fees, and Medicare relative value units. The UCR fees listed are derived from analysis of over 600 million actual charges. "Medical Fees provide complete, accurate, and statistically valid information regarding usual, customary, and reasonable (UCR) charges."

Context4 Healthcare Database (2024) www.Context4healthcare.com

Context4 Healthcare is a trusted, recognized source of Usual and Customary Charge Data to the healthcare industry. Their methodology has been widely accepted in the industry and used by multiple vendors for decades.

The Context4 Healthcare's Usual, Customary & Reasonable (UCR) Fee database solves provides both medical providers and healthcare payers a statistically valid tool to help determine reimbursement and billing rates for medical procedures. For each medical procedure code, fees are available for all geographic regions of the United States at multiple percentiles.

The Context UCR has been subjected to intensive evaluation by Oxford Outcomes and Avalon Health Economics. The Oxford Outcomes evaluation concluded, after conducting a thorough review of the Context UCR process, that the Context UCR was "reasonable and consistent with best practices." The Avalon Health Economics blog compares Context UCR methodology with other private and public data sources and states that "the C4H data sourcing is more likely to provide representative data compared to other common sources of fee data."

VA Reasonable Data Charges (2024) <http://VA.gov/cbo/apps/rates/index.asp>

According to the website, "Reasonable Charges are based on amounts that third parties pay for the same services furnished by private-sector health care providers in the same geographic area." These charges represent the 80th percentile of total costs.

Real Estate Values

All costs pertaining to the valuation of homes in a particular area is obtained using the median price derived from Recently Sold Homes in a particular area via data of public record (including the MLS, Realtor.com, Zillow.com, etc.). A traditional Cost Market Analysis (CMA) is used by Realtors to assess the current market values for home pricing and is ideally designed to extend up through the prior six months. However, due to the specific needs of the patient, the specific

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area in which they live, or need to move to, this research may extend up to twelve months prior to satisfy the prescriptive care of the Life Care Plan.

<div>Physiatry Life Care Planning Associates</div>		Current Age	Life Expectancy	Years Remaining	Occurrence of Care or Service	Frequency	Cost per Item or Service Average	Cost per Lifetime Average
DATE OF REPORT: 06-04-2024		This spreadsheet of Lifetime Costs is provided as a Professional Courtesy. As it is a Work Product, it is NOT to be released or published. Additionally, this document does not replace the findings and work of an Economist.						
		STEPHANIE WADSWORTH LIFE CARE PLANNING						
		DIAGNOSES Full Thickness Burns Involving 30-39% TBSA Hypertrophic Scarring Burn Scar Alopecia Neuropathic Pain Pruritis Hands Fragile Skin Callus of the Foot and Feet Pain Posterior Glottic Stenosis Suspected PTSD Suspected Aggravation of Depression Suspected Cognitive Sequelae Impaired Mobility and ADLs due to Physical Losses						
PHYSICIAN and PROFESSIONAL CARE	Current Age	Life Expectancy	Years Remaining	Description	Frequency	AVERAGE Cost per Item	AVERAGE Cost Per Lifetime	
Burn Surgery (Next 5 Years)	37	81	44	6x/Year	6	\$747.54	\$22,426.20	
Burn Surgery (After 5 Years)	37	81	44	1x/Year	1	\$747.54	\$29,154.06	
Plastic Surgeon	37	81	44	4x/Year	4	\$202.12	\$35,573.12	
Hair Transplantation (Next 2 Years)	37	81	44	6x/Year	6	\$698.54	\$8,382.48	
Physiatry	37	81	44	1x/Year	1	\$252.12	\$11,093.28	
ENT	37	81	44	1x/Year	1	\$220.87	\$9,718.28	
Ophthalmology	37	81	44	1x/Year	1	\$252.12	\$11,093.28	
Internal Medicine	37	81	44	1x/Year	1	\$239.62	\$10,543.28	
Psychiatry	37	81	44	60x/Lifetime	60	\$202.45	\$12,147.00	
Psychology	37	81	44	180x/Lifetime	180	\$200.94	\$36,169.20	
Physical Therapy	37	81	44	12x/Year	12	\$326.36	\$172,318.08	
Occupational Therapy	37	81	44	12x/Year	12	\$366.16	\$193,332.48	
Podiatry	37	81	44	8x/Year	8	\$235.37	\$82,850.24	
Nutrition Consultation	37	81	44	2x/Year	2	\$133.33	\$11,733.04	
Vocational Rehab Evaluation	37	81	44	2x/Lifetime	2	\$1,880.55	\$3,761.10	
Vocational Rehab Counseling	37	81	44	16x/Lifetime	16	\$165.00	\$2,640.00	
Ergonomic Evaluation	37	81	44	2x/Lifetime	2	\$2,507.40	\$5,014.80	

<u>COMPREHENSIVE NEUROCOGNITIVE MULTIMODAL THERAPY PROGRAM</u>	Current Age	Life Expectancy	Years Remaining	Description	Frequency	AVERAGE Cost per Item	AVERAGE Cost Per Lifetime
Neuropsychology Testing	37	81	44	1x/Lifetime	1	\$2,761.28	\$2,761.28
Neuropsychology Follow-Up Visit	37	81	44	24x/Lifetime	24	\$219.44	\$5,266.56
Neuropsychology Cognitive Rehabilitation	37	81	44	24x/Lifetime	24	\$229.85	\$5,516.40
Speech and Language Cognitive Evaluation	37	81	44	1x/Lifetime	1	\$402.98	\$402.98
Speech and Language Cognitive Therapy	37	81	44	24x/Lifetime	24	\$229.85	\$5,516.40
Occupational Therapy Cognitive Evaluation	37	81	44	1x/Lifetime	1	\$255.72	\$255.72
Occupational Therapy Cognitive Therapy	37	81	44	24x/Lifetime	24	\$229.85	\$5,516.40
Brain Injury Education	37	81	44	24x/Lifetime	24	\$79.60	\$1,910.40
Group Therapy	37	81	44	72x/Lifetime	72	\$55.72	\$4,011.84
<u>HOSPITALIZATIONS & PROCEDURES</u>	Current Age	Life Expectancy	Years Remaining	Description	Frequency	AVERAGE Cost per Item	AVERAGE Cost Per Lifetime
Removal/Excision of Benign Feet Lesions	37	81	44	N/A	N/A	N/A	N/A
Scar Excision and Reconstruction Surgery	37	81	44	N/A	N/A	N/A	N/A
Follicular Unit Hair Transplant Surgery	37	81	44	N/A	N/A	N/A	N/A
Semi-Permanent Tattoo for her Right Eyelid	37	81	44	1x/Year	1	\$774.78	\$34,090.32
Emergency Room Visits	37	81	44	1x/Every 5 Years	1	\$1,599.11	\$14,072.17
<u>IMAGING and STUDIES</u>	Current Age	Life Expectancy	Years Remaining	Description	Frequency	AVERAGE Cost per Item	AVERAGE Cost Per Lifetime
Shoulder X-Ray: Bilateral	37	81	44	1x/Every 5 Years	1	\$282.58	\$2,486.70
Shoulder MRI: Bilateral	37	81	44	2x/Lifetime	2	\$5,940.16	\$11,880.32
Shoulder MRI: Bilateral Diagnostic Reading Fee	37	81	44	2x/Lifetime	2	\$839.06	\$1,678.12
Hand X-Ray: Bilateral	37	81	44	1x/Every 5 Years	1	\$288.56	\$2,539.33
Hand MRI: Bilateral	37	81	44	2x/Lifetime	2	\$3,860.60	\$7,721.20
Hand MRI: Bilateral Diagnostic Reading Fee	37	81	44	2x/Lifetime	2	\$632.82	\$1,265.64
Foot X-Ray: Bilateral	37	81	44	1x/Every 5 Years	1	\$165.18	\$1,453.58
Foot MRI: Bilateral	37	81	44	2x/Lifetime	2	\$4,107.36	\$8,214.72
Foot MRI: Bilateral Diagnostic Reading Fee	37	81	44	2x/Lifetime	2	\$632.82	\$1,265.64
<u>MEDICATIONS</u>	Current Age	Life Expectancy	Years Remaining	Description	Frequency	AVERAGE Cost per Item	AVERAGE Cost Per Lifetime
Neurontin	37	81	44	365.25x/Year	365.25	\$5.61	\$90,158.20

Baclofen	37	81	44	365.25x/Year	365.25	\$1.74	\$27,963.76
Duloxetine	37	81	44	365.25x/Year	365.25	\$6.50	\$104,461.72
Lansoprazole	37	81	44	12x/Year	12	\$6.45	\$3,405.60
Zolpidem Tartrate	37	81	44	365.25x/Year	365.25	\$2.13	\$34,231.12
<u>LABORATORY TESTING</u>	Current Age	Life Expectancy	Years Remaining	Description	Frequency	AVERAGE Cost per Item	AVERAGE Cost Per Lifetime
CBC	37	81	44	1x/Year	1	\$43.78	\$1,926.32
Liver Profile	37	81	44	1x/Year	1	\$50.75	\$2,233.00
Renal Profile	37	81	44	1x/Year	1	\$89.55	\$3,940.20
Draw Fee	37	81	44	1x/Year	1	\$21.89	\$963.16
<u>EQUIPMENT</u>	Current Age	Life Expectancy	Years Remaining	Description	Frequency	AVERAGE Cost per Item	AVERAGE Cost Per Lifetime
Shower Chair	37	81	44	1x/Every 5 Years	1	\$70.59	\$621.19
Long-Handled Lotion Application	37	81	44	1x/Year	1	\$10.49	\$461.56
Long-Handled Shower Sponge	37	81	44	1x/Year	1	\$12.98	\$571.12
Reacher	37	81	44	1x/Every 3 Years	1	\$18.00	\$264.00
Motorized Scooter	37	81	44	1x/Every 5 Years	1	\$2,189.00	\$19,263.20
Motorized Scooter Maintenance (Excluding year of purchase)	37	81	44	1x/Year	1	\$218.90	\$7,705.28
All Terrain Scooter	37	81	44	1x/Every 5 Years	1	\$5,349.00	\$47,071.20
All Terrain Scooter Maintenance (Excluding year of purchase)	37	81	44	1x/Year	1	\$534.90	\$18,828.48
Scooter Backpack	37	81	44	1x/Every 2 Years	1	\$62.00	\$1,364.00
Portable Ramps: 3' and 5'	37	81	44	1x/Every 10 Years	1	\$497.32	\$2,188.21
Adjustable, Elevating Head of Bed	37	81	44	1x/Every 8.5 Years	1	\$4,048.00	\$20,954.35
Walker (Start Age 50)	37	81	44	1x/Every 5 Years	1	\$71.52	\$457.73
<u>NON-MEDICAL and SKINCARE PRODUCTS</u>	Current Age	Life Expectancy	Years Remaining	Description	Frequency	AVERAGE Cost per Item	AVERAGE Cost Per Lifetime
Resta Lite	37	81	44	12x/Year	12	\$17.69	\$9,340.32
Vaseline	37	81	44	12x/Year	12	\$6.29	\$3,321.12
Cut Protective Gloves	37	81	44	4x/Year	4	\$143.04	\$25,175.04
Sun/UV Protective Clothing	37	81	44	4x/Year	4	\$243.00	\$42,768.00
Sunscreen	37	81	44	12x/Year	12	\$38.99	\$20,586.72

<u>TRANSPORTATION</u>	Current Age	Life Expectancy	Years Remaining	Description	Frequency	AVERAGE Cost per Item	AVERAGE Cost Per Lifetime
Standard Van: Initial Purchase	37	81	44	1x/Lifetime	1	\$47,035.00	\$47,035.00
Standard Van: Replacement Purchase (To begin 5 years after Initial Purchase)	37	81	44	1x/Every 5 Years	1	\$15,250.00	\$118,950.00
Van Modifications	37	81	44	1x/Every 5 Years	1	\$35,625.00	\$313,500.00
Van Modification Maintenance (Excluding year of purchase)	37	81	44	1x/Year	1	\$362.50	\$12,760.00
Automobile Association Membership	37	81	44	1x/Year	1	\$99.99	\$4,399.56
<u>HOME MODIFICATIONS</u>	Current Age	Life Expectancy	Years Remaining	Description	Frequency	AVERAGE Cost per Item	AVERAGE Cost Per Lifetime
Handicapped Home Modifications	37	81	44	1x/Lifetime	1	\$32,956.52	\$32,956.52
Home Security Monitoring	37	81	44	12x/Year	12	\$49.32	\$26,040.96
<u>HOMEMAKER CARE</u>	Current Age	Life Expectancy	Years Remaining	Description	Frequency	AVERAGE Cost per Item	AVERAGE Cost Per Lifetime
Housekeeper	37	81	44	12x/Year	12	\$520.00	\$274,560.00
Personal Care Attendant	37	81	44	52.18x/Year	52.18	\$599.00	\$1,375,256.08
Home Maintenance	37	81	44	12x/Year	12	\$321.85	\$169,936.80
<u>EDUCATION</u>	Current Age	Life Expectancy	Years Remaining	Description	Frequency	AVERAGE Cost per Item	AVERAGE Cost Per Lifetime
Phoenix World Burn Congress	37	81	44	10x/Lifetime	10	\$4,000.00	\$40,000.00
Burn Support Group at Salt Lake City Burn Center	37	81	44	5x/Lifeitme	5	\$700.00	\$17,500.00
							LIFETIME TOTAL
							\$3,698,895.16



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